



30 August 2003

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**VITABIOTICS**  
WHERE NATURE MEETS SCIENCE

## Pharmacy in England will link to NHSNet

## PSNC: Help tackle health inequalities

## Mysoline production is saved for now

## The case for tailor-made animal drugs



# Mousse away **head lice** with a simple **30 minute** treatment

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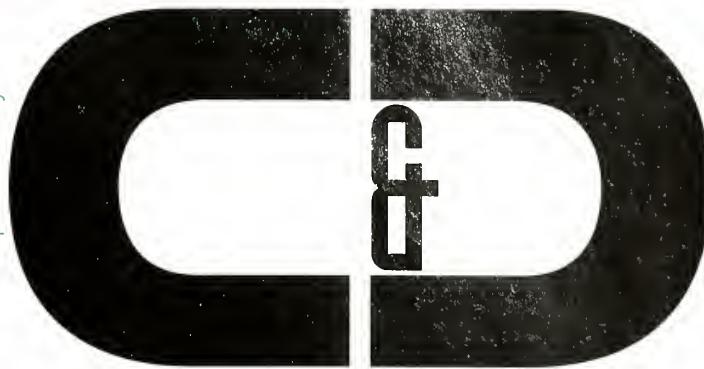


- Full Marks Mousse helps kill head lice and their eggs quickly and conveniently
- Easy-to-use – no mess, no fuss and it's pleasant smelling
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- Excellent profit opportunity



Full Marks Mousse Prescribing Information. Indications: For the treatment of head lice infestation. Active Ingredient: Phenothrin 0.5% w/w. Dosage and Administration: Shake can well turning it downward to dispense mousse. Apply sufficient mousse to until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. Contraindications, Warnings, etc: Not to be used on children under six months of age unless under medical advice. Avoid contact with the eyes. Treatment may affect permed, bleached or coloured hair. Keep out of the reach of children. Contains alcohol which may exacerbate asthma and eczema. Flammable, so apply with care and do not use artificial heat. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment should be avoided. It should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use this product if you are sensitive to pyrethroids. Legal Category: P. RRP: 50g £4.15, 150g £9.99. Licence Number: PL11314/0102. Product Licence Holder: Seton Products Limited, Oldham OL1 3HS. Date of Preparation: July 2003. For further information contact the product licence holder. \*This refers to level of monetary spend on TV advertising.





### This week



#### NHSNet for community 4

The DoH has stated its intention to connect community pharmacy in England to the NHSNet. PSNC's head of NHS services Alastair Buxton (pictured) said fears that the DoH had "forgotten about pharmacy IT" were allayed

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**Editor**  
Charles Gladwin, MRPharmS

**News Editor**  
Gary Paragouri, MRPharmS

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**Contributing Editor**  
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**Marketing Editor**  
Sarah Thackray

**Production Editor**  
Fay Jones, BA

**Group Production Sub Editor**  
Richard Coombs

**Editorial secretary**  
Jan Powis  
Editorial (tel): 01732 377487  
(fax): 01732 367061  
chemdrug@cmpinformation.com

**Price List**  
Cullin Simpson (Controller),  
Darren Larkin, Maria Locke  
Price List (tel): 01732 377407  
(fax): 01732 377559

**Group Sales Manager**  
Quentin Souldan

**Sales Manager**  
Mark Walley

**Classified Executive**  
Debra Thackeray, BA

**Advertisement secretary**  
Elaine Steele  
Advertising (tel): 01732 377621  
(fax): 01732 377773

**Projects and Price Service Manager**  
Patrick Grace, MRPharmS

**Pharmacy Projects**  
Mary Prebble  
01732 377269

**Production**  
Katrina Avery

**Publishing Director, Healthcare**  
Fergus Wilson

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# Contractors promised NHSNet access...

A senior representative from the Department of Health has confirmed that community pharmacy in England will be connected to the NHSNet.

PSNC said that, in a meeting last month, Professor Sir John Pattison, the DoH's research and development director, gave a "clear statement of intent" that community pharmacy will be connected to the NHSNet and

will be able to feed into the electronic record and access relevant information.

Calling it a "very positive meeting", PSNC's head of NHS services Alastair Buxton added: "A lot of our fears that the Department had forgotten about pharmacy IT were allayed."

"There is still an enormous amount of work to be done but they appear to be moving in the

same direction as we are now."

Sir Pattison's comments build upon proposals in the latest pharmacy strategy, *A Vision for Pharmacy*, which said that the Department of Health would consult on "elements of patient information that community pharmacists may need to deliver appropriate healthcare services as part of their new contractual framework".



Alastair Buxton: positive meeting

## ... while new contract framework finds support

More than 1,000 contractors have attended the roadshows on the new pharmacy contract framework, PSNC announced last week.

Although contractors generally accepted the framework, there were concerns over funding and the transitional arrangements, according to chief executive Sue Sharpe.

However, Mrs Sharpe has said it is "too early" to say how the funding would be structured.

As data from June's cost inquiry would only give a "snapshot" of current figures, Mrs Sharpe said additional information about salaries and space costs in pharmacies would need to be examined to evaluate the additional expense associated with the new contract.

"The inquiry gives us data from which we build a cost model, which allows us to cost the future service," she said and added that the cost model would provide a sound evidential basis for the fair funding required to make pharmacy a business to invest in.

But she warned that "if the money available doesn't meet the money that is needed, then something's got to give and we'll have to review what services can be provided for the money that is available."

Issues such as how much time pharmacists spend on medicines review, the expense of additional dispensing staff and taking out retail space to put in consultation areas, all need to be examined, she said.

## ... and PSNC builds case for oxygen supply role

PSNC will be writing to pharmacy contractors within the next two weeks regarding the DoH's decision to shift responsibility of the domiciliary oxygen service to hospital-based doctors (*C&D*, June 21, p4).

Gordon Geddes, PSNC's information and technical services head, said: "We have set up an oxygen working party and we've had a preliminary meeting

with the Department. We understand that the door is not completely closed."

He added: "We will be building a case for community pharmacy to continue to supply cylinder oxygen and we are sending a questionnaire to oxygen contractors asking them, in turn, to pass on a questionnaire to patients to build a case for pharmacy."

### PRACTICE

## Pharmacists are ripe to address health inequality

PSNC has identified 16 key areas in which community pharmacists can contribute as part of the Government's drive to cut health inequalities.

Following publication last month of the DoH's three year programme of action for tackling the issue (*C&D*, July 12, p8), PSNC has issued a briefing document to LPCs.

The briefing said: "Community pharmacy can help address many of the problems highlighted in the document and the new pharmacy contract is being designed with these issues specifically in mind."

As local action will be co-ordinated through local strategic partnerships, PSNC believes there are "almost endless opportunities" for pharmacy involvement in early detection, intervention and treatment, and in engaging the community in informed lifestyle choices on smoking, diet and exercise.

"[The Department of Health] is really being quite open-minded in looking to see how community pharmacy can help deliver some of the Department's health priorities.

"Attacking health inequalities is the sort of thing where you want to see community pharmacies named," said PSNC

chief executive Sue Sharpe.

Community pharmacists could help to address health inequalities by:

- improving access to and awareness of local drug and alcohol misuse services including methadone services and needle exchange
- caring for older people and reducing falls through domiciliary services such as medication reviews, compliance services and fall reduction programmes
- cutting smoking rates through opportunistic interventions and smoking cessation schemes
- improving poor diet and obesity through opportunistic interventions, healthy living clinics and weight management services
- improving influenza immunisation rates through the promotion of 'flu vaccine uptake, particularly in 'at risk' groups
- promoting good oral hygiene to mothers with young children through referral to dentists
- providing emergency contraception services
- improving access to primary care services by ensuring that pharmacy is a core part of any LIFT planning.





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# PSNC gets on appliance contractors' payment case

The Department of Health should remove appliance contractors' on-cost payment and subject their remuneration to a discount clawback similar to that levied on pharmacy contractors, PSNC said this week.

Both appliance and pharmacy contractors should have a common system of remuneration and reimbursement for their

supply function, PSNC financial executive Godfrey Horridge told the DoH in a strongly worded response to its consultation on appliance contractors' remuneration (*C&D*, June 7, p5).

Calling for a level playing field between pharmacies and appliance contractors (*see box below*), Mr Horridge warned against considering arrangements

for paying appliance contractors in isolation from the supply of appliances to patients under the NHS. This, he said, has led to "unacceptable bias in the consultation document" by taking the focus away from the large differences in remuneration and reimbursement between pharmacists and contractors.

The document also commends additional services provided by appliance contractors – services that pharmacists are prohibited from supplying – and contrasts these with what appears to be regarded as a very basic supply function provided by pharmacists, Mr Horridge said.

"Pharmacy supply of appliances is outside the remit of the consultation but the document draws an invidious comparison between supplies made by appliance contractors and those from community pharmacies that would be very persuasive to those unaware of the complex nature of NHS pharmacy reimbursement and remuneration," he added.

allowance of 2 per cent on prescriptions costing over £100. Fees should be calculated on the basis of the cost of the service plus a fair return.

- Reimbursement should be at *Drug Tariff* prices less a separate discount clawback for pharmacies and appliance contractors.

- Products such as disposal bags should be prescribed at NHS cost and not be supplied "free" as inducements.

- Nurses currently provided "free" by appliance contractors should be re-employed by PCTs.

Proposals for the supply of appliances put forward by PSNC include:

- A common system of remuneration and reimbursement for the supply function, plus agreed additional services whether provided by pharmacists or appliance contractors. This could be achieved by granting suitable accredited pharmacies an appliance contract when they undertake additional services.
- Remuneration for all suppliers should be based on fees plus a small expensive prescription

## Epilepsy drug wins temporary reprieve

AstraZeneca has agreed to continue production of an anti-epileptic drug for a further eight months after a charity campaigned against its original decision to withdraw the product.

Epilepsy Action had argued that AstraZeneca's decision to discontinue its anti-epileptic drug Mysoline (primidone) at the end of this year would mean patients would be at risk of being withdrawn from the medication too quickly.

It said patients required a withdrawal period of between 10 and 18 months but that supplies of the drug were only expected to last about five months (*C&D*, August 23, p4).

However, the company has now confirmed that it will continue supplying the drug until August 2004 at least, and said it was "aggressively pursuing other opportunities that will allow us to divest Mysoline to an alternative manufacturer".

Epilepsy Action welcomed the announcement but warned it would not allay patients' fears. "People taking Mysoline will anxiously await further news before being fully reassured that the drug they rely on will continue to be available beyond August next year," it added.

The charity has continued to urge patients taking Mysoline to ask their GP for a prompt referral to an epilepsy specialist for a medication review, and has repeated its call for a review of the DoH guidelines on the discontinuation of drugs, saying: "We believe the guidelines should be based on a minimum of the time required to withdraw or change drugs safely."

## August script endorsement

The Department of Health and the National Assembly of Wales have agreed to allow NCSO endorsements for the following item for August prescriptions: Indomethacin Suppositories BP 100mg.



# Sheffield trial thumbs up

A review of a minor ailments service run by community pharmacists in Sheffield says it is cost effective, offers good value for money and is endorsed by patients and GPs.

Some 35 pharmacies, 21 GP surgeries and 3,073 patients took part in the scheme, which was designed to encourage patients to consult their pharmacist about a minor ailment instead of going straight to their GP.

Sheffield PCT's community pharmacy facilitator, Dr Peter Magirr, said: "The scheme has proved popular with patients, who found it convenient and satisfactory. It is endorsed by practices, with some reporting a

positive impact on GP consultations for minor ailments and all indicating that it is helpful in meeting GP access targets."

Dr Magirr is now calling on local PCTs to extend the service to include all patients as well as ensuring the service continues under the new pharmacy contract.

Nearly all patients (94 per cent) said the scheme was easy to use and most (82 per cent) said it saved a visit to their GP. In addition, many patients (88 per cent) said they did not need to see their GP after consulting the pharmacist.

Most of the pharmacists who took part in the project supported a continuation of the scheme,

saying it was easy to use and the formulary was appropriate and acceptable but with room for additions.

All but one of the pharmacists thought the scheme should be extended to include more surgeries and pharmacies. Three quarters of pharmacists said their remuneration of £2.50 per patient was acceptable and appropriate, while the rest suggested payments ranging from £3.50 to £10.

GPs were more than impressed with all of them, saying that they would like the scheme to continue. The majority (90 per cent) said wider promotion and use of the scheme would help GP access targets.

## PRACTICE

# PSNC seeks virtual pharmacists for diary

Are you a cutting-edge practitioner with best practice advice to share? If so, PSNC needs you!

PSNC is looking for around 12 practitioners to set up a weblog – or online diary – designed to educate and inspire others to get involved in new service roles.

It is hoping that, by the live roll out at the end of September, it will have recruits – or 'bloggers' – from a wide geographical base and a good spread of activities.

Ideal participants will include those with practical advice and experience in providing innovative local services, local pharmaceutical services and repeat dispensing, supplementary prescribing or medicines management initiatives.

Diarists will need to spend between one and two hours each week updating their weblogs, although full computer training will be provided.

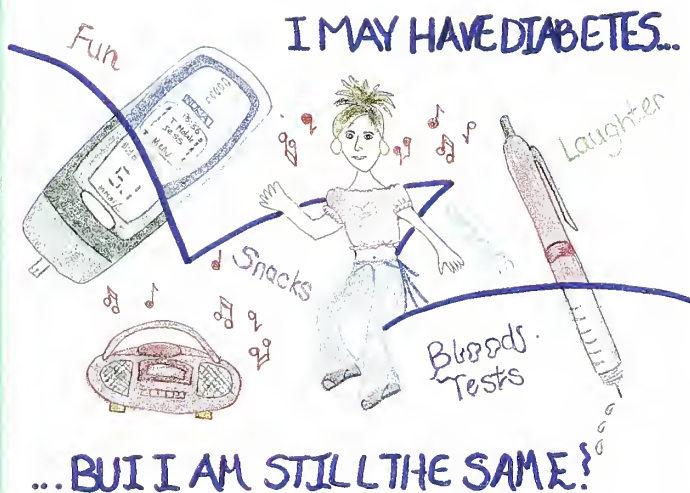
PSNC says it will consider adding an international section to the weblog by the end of the year if the UK initiative is running well. This will allow pharmacists from different countries to share their native pharmacy experiences.

To help promote the site, C&D will be running a link to the PSNC weblog from its own site, [www.dotpharmacy.com](http://www.dotpharmacy.com), as well as polling readers for their opinions on the bloggers and their weblogs.

PSNC information officer, Lindsay McClure, commented: "PSNC is keen to continue building on the information resources available to contractors on the PSNC website.

"We're hoping that the site will inspire others to get involved in new services and take on new roles."

Learning how children feel about their diabetes and, at the same time, finding a way to improve their care has been the aim of Roche Diagnostics' first Accu-Chek Art Contest. UK children attending Accu-Chek and paediatric clinics nationwide were invited to pen an expression of their feelings about the condition and enter a competition being run in more than 20 countries. Winning UK entries, such as the one from the 10-13 age group pictured, were judged alongside other nations' winners at the recent International Diabetes Competition Convention in Paris. The global winner will be announced at World Diabetes Day, November 14, 2003, when the 2004 Accu-Chek Art Contest will be launched.



## Questiontime

Sponsored by



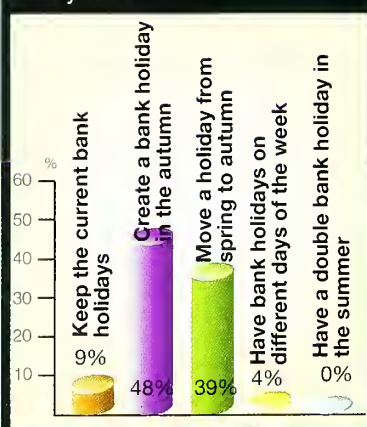
Last week we asked you: This weekend is the last bank holiday in England until Christmas. Which do you favour most? You replied (see right):

## Which health inequality target do you think pharmacy can help most to improve?

- Drug misuse problems
- Reducing falls in the elderly
- Reducing smoking levels
- 'Flu vaccination uptake
- Promoting good oral hygiene
- Uptake of emergency contraception

You can record your vote on our website: [www.dotpharmacy.com](http://www.dotpharmacy.com). You have until noon on September 2 to cast your vote. We will publish the results in C&D, September 6

What you told us



## Respect trial

PSNC has asked C&D to point out that it is highlighting the launch of the Respect Trial's website, which examines care provided by pharmacists to elderly patients, and not as reported (C&D, August 23, p8).

# What is the only OTC treatment for mild external ear infections

Mild external ear infections are a common problem with 9% of the population suffering symptoms such as itching, redness and slight discomfort of the ear.<sup>1</sup> EarCalm Spray is the only treatment you can recommend for mild external ear infections; early treatment may help prevent the infections progressing and so help avoid unnecessary GP visits<sup>2,3</sup>. Its active ingredient, acetic acid, is both antibacterial and antifungal.<sup>2,3</sup> And because it's a spray, it's convenient, easy to use and gives better coverage of the ear surfaces,<sup>2,3</sup> compared to drops so aiding patient compliance.<sup>4</sup>

**EarCalm** SPRAY  
acetic acid

**EarCalm. A simple solution.**



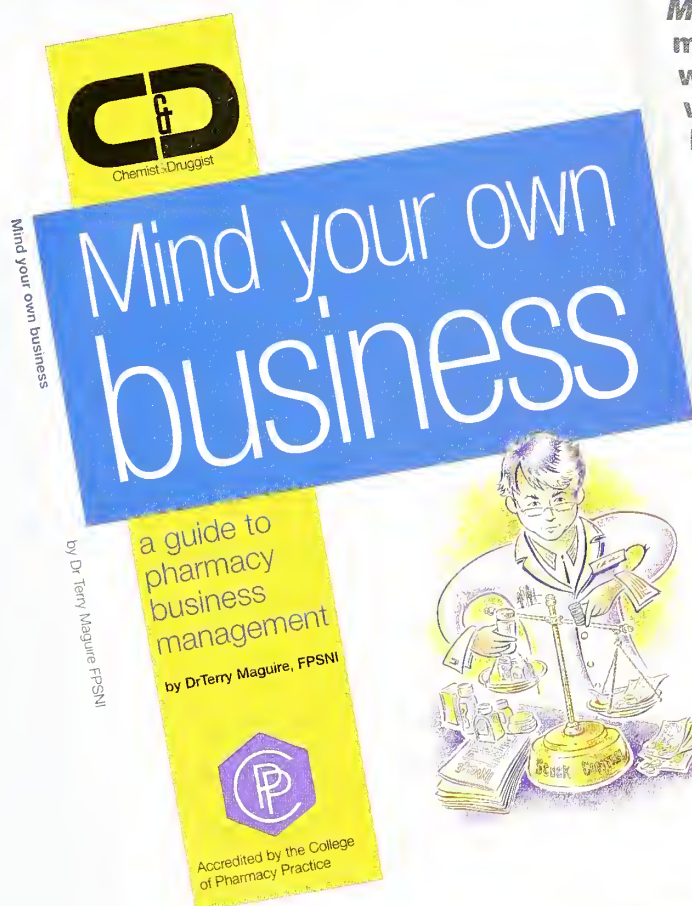
**Product Information. Presentation:** Non-pressurised pump action aerosol spray containing glacial acetic acid Ph Eur. 2.0% w/w as a milky, particle free mobile liquid. **Uses:** Treatment of superficial infections of the external auditory canal. **Dosage and Administration:** Adults, children over 12 years and the elderly: One metered dose (60mg, 0.06ml) to be administered directly into each affected ear three times daily (morning, evening and after swimming, showering or bathing). Continue treatment until two days

after symptoms have disappeared, no longer than seven days. Discontinue use if there is no clinical improvement after seven days. **Contraindications, warnings, etc:** Known sensitivity to any of the ingredients. Not recommended in children under 12 years without medical supervision. **Pregnancy/Lactation:** There are no restrictions to the use of the product in pregnancy and lactation. **Special Precautions:** Patients who are known to have a perforated eardrum should only use under medical supervision. If pain occurs during use, or if symptoms worsen or do not improve within 48 hours or if hearing becomes impaired, stop treatment and refer to a GP. **Pharmaceutical Precautions:** Store upright in the carton below 25°C

Shake bottle before use. Before first use, prime the pump by depressing the actuator 6-10 times until a fine spray is obtained. Use within one month of first use. Avoid spraying near eyes. **Legal Category:** P Basic NHS. **Cost:** £3.80, R.R.P. £6.38. **Product Licence Number:** 0036/0072. **Product Licence Holder:** GlaxoSmithKline Consumer Healthcare, 980 Great West Road, Brentford, Middlesex TW8 9GS. **Date of Revision:** June 2002. **References:** 1. Prime data. 2. Malik M *et al* JAM MED AFF 1975;89:47. 3. Paulose *et al* J Lar Otol 1989;103:30-35. 4. Smith RB, Moodie J. Current Medical Research and Opinion 1990;12:12-18. EarCalm is a registered trademark of the GlaxoSmithKline group of companies.



# Mind your own business



**Mind Your Own Business** contains the monthly series of 'Business Matters' articles written by pharmacist Dr Terry Maguire which have run in **C&D** over the past year. In the book, Dr Maguire expands on each of the 10 subject areas to provide anyone involved in running a pharmacy business with advice on management techniques and style, as well as some practical tips to make your business work better.

Sponsored by AAH Pharmaceuticals and Vantage Pharmacy, **Mind Your Own Business** has been accredited by the College of Pharmacy Practice as an appropriate tool for continuing professional development. And, to help subscribers reap the benefits of the advice contained in the book, **C&D** will be offering a CPD registration service.

Copies will be sent out free to subscribers with the September 20 issue. Further copies will be priced at £12.99.

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## Here's what a couple of reviewers have to say about the book:

"All pharmacists will benefit from reading this book, not just those contemplating purchasing a community pharmacy ... Terry Maguire unusually combines a good business acumen with academic flair. His book, written in his usual easy style, traces much of his own history in Belfast through the 1980s and 1990s. All chapters, even the one on managing stock, have a much wider application than just those required for managing a business."

*Dr David Temple, Director of the Welsh Centre for Postgraduate Pharmaceutical Education, Cardiff University*

"As accredited learning material, and as part of every pharmacy manager's continuous professional development, **Mind Your Own Business** should be seen as a key reference for any pharmacist – a book to be dipped into and referred back to as and when required."

*Steve Dunn, Group Managing Director, AAH Pharmaceuticals and Chairman of the British Association of Pharmaceutical Wholesalers 2002-2004*

For more details contact Mary Prebble on 01732 377269 or [chemdrug@cmpinformation.com](mailto:chemdrug@cmpinformation.com)



# Contract update

*PSNC's weekly update on the new pharmacy contract.*

This is the question at the forefront of pharmacists' minds. PSNC believes that negotiating the financial side of the contract can only be carried out once the services in the contract have been agreed upon.

A cost of service inquiry was carried out at the end of June to determine the costs incurred in providing the current community pharmacy service. The survey of 470 contractors will ascertain the costs of staff, property and overheads at present. This will provide basic data to help PSNC calculate the costs of providing the services under the new community pharmacy contract – ie the 'Cost of Service Model'.

This cost of service will then feed into the following formula:

**Cost of Service + Fair Return = Remuneration + Profit on Purchasing**

Ministers have committed to fair funding for pharmacy services. PSNC is exploring mechanisms to identify the 'fair return' that must be added to the cost of the service, determined from the model. This figure will then inform discussions on the future remuneration for the contract and profit made on purchasing. PSNC is currently obtaining expert academic advice on fair return.

When proposals for funding have been negotiated, PSNC will put this and the final detail on services to a second ballot. Only if the package is approved by a clear majority of contractors will the new contract be implemented. The target date for introduction of the new framework is April 2004.

The introduction of the new contract is likely to be gradually phased in. Some of the services, such as medicines use review, will require training and possibly facilities development, eg consultation areas. We do not expect all pharmacies to be providing all services from day one.

For further information visit [www.psnc.org.uk/contract](http://www.psnc.org.uk/contract)

POLICY

# Diabetes charity attacks NICE's guidance update

A national charity has condemned the National Institute for Clinical Excellence's latest guidance on diabetes, claiming it could compromise the care of patients.

Diabetes UK has condemned recommendations for the use of glitazones as "drug rationing".

NICE's updated guidance on the use of glitazones for treating type 2 diabetes says their use as a

second-line therapy added to metformin or a sulphonylurea – as an alternative to treatment with a combination of metformin and a sulphonylurea – is not recommended except for those unable to take metformin and a sulphonylurea in combination.

In addition, patients on glitazone combination therapy should have their blood tested

regularly to monitor blood sugar control and other potential cardiovascular risk factors including cholesterol level.

However, Suzanne Lucas, the charity's director of care, warned that NICE needs to "look at the long term" rather than trying to make small savings today.

For more information: [www.nice.org.uk](http://www.nice.org.uk)

PROFES

# RPSGB to repeat workforce survey

The Royal Pharmaceutical Society will carry out a second pharmacy workforce census this September.

The survey will provide information on work patterns; the number of pharmacists working and living in the UK; the hours they worked and the areas of practice they are involved in. The findings will be compared with last year's to identify trends.

The RPSGB will also poll views on working overseas, participation in continuing education activities, and access to computing and internet facilities. "This will be important in developing a workforce planning model and informing the roll-out of the continuing professional development programme," the Society said.

Census forms will go out next week to pharmacists registered as living in the UK under the state pension age. Those with an overseas address will be surveyed separately.



Dr Harold Shipman, a serial killer and former GP, was responsible for almost half of all homicides by poisoning recorded in England and Wales in 1997, official Government figures reveal. He was also responsible for 6 per cent of all homicides that year, the Office of National Statistics latest data states. Between 1975 and 1998, homicides by Dr Shipman accounted for 1 per cent of total homicides, and 19 per cent of homicides by poisoning.

# Poisoning data released

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RPSGB

# BPC will host Charter feedback session

The Royal Pharmaceutical Society will present the feedback from its consultation on the proposed new draft Charter at next month's British Pharmaceutical Conference.

In a session chaired by Society president Gill Hawksworth, presentations by MSG chairman

Marshall Davies and Council member Andrew Burr will be followed by a Q&A session.

The feedback from the consultation, which ends on September 5, will be presented during the session on Wednesday September 17. Other areas to be discussed include: an update on

the reform programme; principles and form of the supporting structure; and how the RPSGB's current work will move forward.

BPC chairman Wally Dove said Conference was an important forum for exploring issues that will shape the future of the Society.



# German reforms put R&D on ice

Proposed reforms in Germany aimed at cutting healthcare costs have led Pfizer, Eli Lilly and Merck & Co to rethink their research and development presence in the country.

As part of an ongoing global reorganisation following its acquisition of Pharmacia, Pfizer has decided to relocate its

Freiburg research unit to the UK. Some 150 of Pfizer's 6,000 German staff will be affected.

Pfizer Germany chief executive Walter Köbele claimed the Government's proposed reforms, particularly those relating to increasing manufacturer rebates to insurers from six to 16 per cent, could cost the company an

additional £28 million over the next 12 months.

He said: "While [the] announcement is sad news for Freiburg, we can foresee medium-term and long-term benefits arising from consolidating our worldwide R&D operations."

"We have to be prepared to serve the growing number of

elderly. In Germany there will be about 40 per cent over 60 in the year 2030."

The proposals have also led Merck & Co to abandon a project to build a research centre in Germany and Eli Lilly has put on hold its plans to add 100 employees to its research centre in Hamburg.

## MultEPoS buys Hadley Healthcare Solutions

MultEPoS Computer Systems Ltd has bought the controlling interest in Hadley Healthcare Solutions Ltd, author and supplier of the Eclipse PMR System.

In an agreement with United Co-operatives Ltd, MultEPoS managing director Tom Attwood acquired all its shareholding in Hadley Healthcare Solutions for an undisclosed sum.

The acquisition will lead to linking the Eclipse PMR System with the MultEPoS EPoS System, and development work on this integration has already begun.

Co-op Healthcare, part of the United Co-operatives Group, is a user of the Eclipse PMR and Head Office Systems, which are

installed in all of its 135 pharmacies. Hadley Healthcare will provide ongoing support and development for Co-op Healthcare's systems and integrate them with MultEPoS.

Mr Attwood said: "Hadley Healthcare and MultEPoS will retain their independence and will continue to co-operate with other pharmacy software suppliers, which will provide pharmacies with a real choice in their selection of PMR and EPoS systems."

Hadley founder Mike Hadley, who set up the firm in 1999, retains his involvement in the company.

**For more information:**  
[www.multipos.co.uk](http://www.multipos.co.uk)

### INDUSTRY

## New HQ for Vitabiotics

VMS manufacturer Vitabiotics has moved to a new 62,000sq ft head office in North West London, which includes extensive warehousing, a product training centre and a lecture theatre.

The company plans to extend its Wellman and Wellwoman brands this year and has seen its export business grow to account for more than 50 per cent of its turnover.

Chairman Professor Arnold

Beckett said: "This is an exciting time for Vitabiotics as we are entering a new phase in the company's development. The growth of the business in both the UK and overseas is testament to our staff and commitment to research and investment in quality products which meet the needs of consumers worldwide."

**For more information:**  
[www.vitabiotics.com](http://www.vitabiotics.com)



Vitabiotics' new premises in North West London

### INDUSTRY

## Cussons wins PI case

PZ Cussons has successfully sued Bradford company Multibrands International for illegally importing and reselling Imperial Leather soap manufactured for the Indonesian market in the UK. The practice of parallel importing is illegal if it involves products imported from outside the European Union without the consent of the manufacturer.

Some consumers who bought

the Indonesian product complained to PZ Cussons about its performance.

When contacted by PZ Cussons, Multibrands claimed it had already stopped importing the product but the company's solicitor, Cobbetts, obtained a court order to search Multibrands' premises, where 230,000 bars of soap were seized.

In a ruling at The Leeds District Registry of the High Court, Mr Justice Lloyd found Multibrands and its directors guilty of trademark infringement and "passing off".

The judge ruled that Multibrands should hand over the entire stock of soap to PZ Cussons, pay the company all profits made from the sale of the illegal imports and pay the costs of the case.

### INDUSTRY

## Celesio's retail profits leap

Celesio, German parent company of AAH, has reported turnover for the first half of the year of £6.24 billion, an increase of 3.8 per cent, despite a slower market growth in most of the countries it operates in.

While turnover growth in wholesale was in line with the below average market growth, turnover in retail grew significantly above the market.

Group profit before tax was £116 million, an increase of 10.9 per cent. In wholesale, profit increased by 3.0 per cent to £93.5m. The high turnover

growth and improved gross margin led to a leap in profit in retail of 48.8 per cent to £24.5m.

"The pleasing results, achieved in a very difficult environment, especially in Germany, confirm our strategy of regional diversification," said Dr Fritz Oesterle, chairman of the Celesio board.

For the full business year 2003, Celesio anticipates growth in turnover for the group of about 4 per cent. For profit before taxes it is predicting growth for the full period to be more than 10 per cent.

## Coming events

**SEPTEMBER 2**

**RPSGB, Northern Scottish branch**

Tenpin bowling evening: basket supper then bowling (exact numbers required), Rollerbow!, Culduthel Road, Inverness; 7pm.



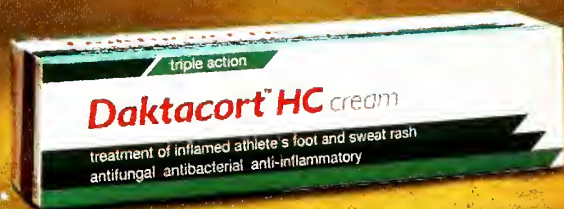
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# Merck buys Peter Black

Merck KGaA's wholly owned Consumer Health Care business Merck CHC Holding has bought Peter Black Direct Marketing, the UK direct marketer of vitamins, minerals and supplements, for £16 million in a bid to expand and reinforce Merck's market share in Great Britain.

Peter Black Direct Marketing, in Tunbridge Wells, Kent, has two businesses: Nature's Best, which sells directly to consumers, and Lamberts, which sells to practitioners and nutritionists. The 20-year-old company

employs 55 people. Merck has no plans as yet to make any changes to this structure.

Merck CHC Holding claims to be the leader in the UK vitamins and minerals market with its line of Seven Seas products, sold through retail outlets.

Because of their different sales strategies, Seven Seas Ltd and the new acquisition will remain separate operations and Peter Black Direct Marketing will be renamed Lamberts Healthcare Ltd.

Volker Keidtel, head of Merck

KGaA's Consumer Health Care division, said: "Peter Black Direct Marketing is a leader in the growing direct-to-consumer vitamins and supplements market in the UK and gives Merck KGaA the opportunity to expand its presence in the strategically important VMS market."

The total UK vitamins, minerals and supplements market, including direct-to-customer sales, amounts to an estimated £430m annually.

**For more information:**

<http://pb.merck.de>

## Phoenix ups Tamro stake

Phoenix aims to acquire an additional 20 per cent share in Finland's Tamro Oyj pharmaceutical company, bringing its total shareholding to just under 60 per cent. The acquisition is subject to approval by the Competition Commission. Tamro is the market leader in pharmaceutical distribution in Northern Europe.

## Levitra gets the go ahead in USA

GlaxoSmithKline and Bayer have won US Food and Drug administration approval to launch anti-impotence POM Levitra in the USA. In a bid to topple Viagra as the USA male's anti-impotence drug of choice, GSK and Bayer have teamed up with the US National Football League to promote Levitra.

## NHS unprepared for terror

The NHS is not adequately prepared for the threat of a chemical, biological or nuclear terrorist attack, according to a parliamentary report by the Commons public accounts committee. The report says the Department of Health lacks a "full picture" of the risk and has yet to ensure that adequate plans, training and equipment are in place.

## What are you worth?

An online service to help you work out the value of your company has been launched by Plimsoll Publishing at [www.valueyourcompany.com](http://www.valueyourcompany.com). The facility includes a valuation of your own company and that of your nearest 10 competitors. The valuations are given on a purely financial basis using each company's latest four years of annual accounts. Most valuations are delivered in 48 hours.

**For more information:**

Tel: 01642 626400.



### MULTIPLES

## Lloyds' commercial boost

Lloydspharmacy has made a number of appointments to its commercial team.

Mark Green (standing) has been promoted to commercial director, having been responsible for the commercial and marketing departments for six months.

The company has also appointed Martin Thurley head of communications. Mr Thurley,

left, has worked in the advertising industry for more than 16 years.

Completing the new structure is Jayne Harrison. Already responsible for Lloydspharmacy Live, her role now incorporates responsibility for PR at Lloydspharmacy. Ms Harrison has worked at AAH Pharmaceuticals for over four years as marketing manager.

### INDUSTRY

## Celltech drops trial

Celltech's latest results show it has written off stock with a book value of £7.5 million following the discontinuation of development of its Crohn's disease drug CDP 571.

On appointment of Dr Goran Ando as chief executive in April, Celltech began streamlining its pharmaceuticals business which resulted in exceptional charges of £18.8m in the first half of 2003.

Operating profit showed strong growth to £19.4m, with product sales remaining steady at £111.4m.

Dr Ando said: "Celltech has truly world-class scientific capabilities and substantial opportunities to gain a leading position in the treatment of immune and inflammatory disorders and a credible job a presence in oncology. Notwithstanding the recent disappointments in two of our partnered programmes, our pipeline continues to be strong and will enable us to create substantial long-term value for shareholders."

### PEOPLE

## Mawdsleys man mingles with HRH

Mawdsleys' IT systems administrator and Royal Air Force reserve officer Mike Eckersley and his wife Rachel (pictured) rubbed shoulders with the Royal family at a Buckingham Palace garden party, held for personnel from the RAF, army, navy, and civilian organisations.

Mike became a reservist when he left the regular Royal Air Force in 1989. He now holds the rank of Squadron Leader and trains adult staff in the use of weapons and health and safety risk assessments.



### RETAILING

## End of line for Stephenson

Old style £5 notes featuring the portrait of George Stephenson have been withdrawn from circulation by the Bank of England and will cease to be legal tender after November 21.

However, most banks, building

societies and post offices will continue to accept them for several months. As with all old bank notes, they are payable forever at the Bank of England.

**For more information:**

[www.bankofengland.co.uk/banknotes](http://www.bankofengland.co.uk/banknotes)



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For more information, contact the Marketing Authorisation Holder.



# Comment

## from the Editor

By now you will probably be aware that the Prime Minister has been giving evidence at the Hutton Inquiry. At the time of writing he was certainly expected to have had his say and the national media to have devoted many column inches and much air time to his version of events.

To the suspicious it might seem that, as Mr Blair faces the inevitable barrage of media hype, the Government may choose these last few days of August to bury other bad news.

But we should hope that the Department of Health is not playing this cynical game by seeking to go to the wire with publication of the consultation document on how it intends to implement proposals for changing the pharmacy control of entry regulations.

As *C&D* went to press, the DoH dismissed reports that Rosie Winterton would unveil all that day, so to speak. But the spokesman did say the Department was committed to publishing its consultation by the end of August. Hopefully, you will be able to read all about it next week.

The disappointing aspect is that news of something which garnered so much support from both the public and print

media could be buried by the Government's and BBC's difficulties over Iraq.

It behoves community pharmacists, then, to keep up both the pressure and their local agitation of the people with influence to demonstrate what could be lost.

It also behoves them to contemplate what the Whitehall paymaster will want. This has been made clear in several health policy documents over the past few months and years. Many of these give pharmacy the opportunity to increase its role in the wellbeing of the public at large.

But, without that network of community pharmacies, there will need to be a significant rethink. How long is it till the next election?

**It might seem that the Government may choose these last few days of August to bury other bad news**

## Your views

Where's the research on reducing ill-health, asks the HDA? Involve the minister, says PAGB

## A new case to champion public health

Less than 0.4 per cent of public health research published in the UK relates to interventions for the prevention and reduction of ill-health, says the Health Development Agency.

Its new survey, *Public Health Intervention Research: the evidence*, examines research in the public health areas outlined in the White Paper *Saving Lives: Our Healthier Nation* (OHN), which includes cancer, heart disease and smoking. Only a fraction of the total public health research reported in UK bibliographic databases looks at interventions for prevention and reduction of ill-health.

As Professor Mike Kelly, Health Development Agency director of research and information, puts it: "Prevention is better than cure – so a strong research base from which to gather evidence of what works to reduce ill-health is essential.

"But a number of factors may be discouraging intervention-oriented research. For example, an interest in short-term, politically high profile 'quick hits' which could inhibit a focus on longer term health benefits. Also, there is no infrastructure to co-ordinate research on interventions.

"However, the recent DoH publication *Tackling Health Inequalities: A Programme for Action* includes a firm commitment to developing the evidence base on what works to reduce health inequalities – one of the Health Development Agency's core remits."

The report suggests a number of solutions to enhance the capacity for intervention-oriented research, including a research framework to lead development; incentives for universities to engage in this type of work; and a National Public Health Database to permit



**Gopa Mitra: committed to self-care**

measurement of the impact on policy in the short term.

The Proprietary Association of Great Britain believes a stronger evidence-base is critical to moving "preventative healthcare" into a practical reality, as reflected by its commitment to research over the past 20 years into the way that self-

care (which includes acute, chronic and preventative healthcare) coalesces with primary care.

Gopa Mitra, director of health policy and public affairs, argues: "We have long been committed to research into self-care. However, interventions are to continue to be successful in improving health outcomes, incentives should be established to create the research infrastructure with the help of a champion.

"One such suitable body whose remit includes 'sponsoring, evaluating and encouraging the spread of good practice by promoting effective use of health services and better self-care' is the Modernisation Agency.

"To redress this scarcity, the creation of an evidence base could be provided with real momentum if the cause were also championed from within Whitehall by the minister for public health."



# Your VIEWS

## Britain's obsession with exam results

Why is it that our nation is so obsessed every year with the education tables and examination grades in particular?

Einstein failed his German polytechnic entrance examinations twice and only scraped through on his third attempt. Newton obtained the lowest BA degree possible at Cambridge and lost his 'Groats' – something which is frowned on at Cambridge and where Newton was seen by his contemporaries as a failure who would get nowhere in life.

Faraday, who created the greatest invention of all time (the means by which all people can create electricity at will), was a mere London apprentice bookbinder with only rudimentary education up to the age of 14. The man who created the laws that drive the digital revolution, George Boole, was a totally self-educated mathematician.

## History is full of people who were not bright at exams but brilliant in changing our thinking

In this respect history is full of people who were not bright at examinations but were brilliant in changing our thinking about how the universe functions.

Until our Government changes its mindset away from the concept of arbitrary, mundane examination sittings towards that of the driving force of creativity, Britain will succeed no further in the science-driven world of this century. It is about time we stopped a system that puts so much emphasis on single sitting results and started creating an infrastructure that allows creative thought to flourish. That is where our nation's success resides – not in the mistaken belief that high examination results equate to genius.

**Dr David Hill, chief executive,  
World Innovation Foundation  
[www.thewif.org.uk](http://www.thewif.org.uk)**

## TOPICAL REFLECTIONS

### Perverse supply of stoma care needs addressing

A few weeks ago I was at odds with Mary Allen over one of her contributions but last week we could not have agreed more about her incisive 'Open Shop' analysis of appliance contractors' remuneration (*C&D August 23, p14*).

Every word struck a chord of understanding and revived bitter memories of past service rewarded by a kick in the teeth from another stoma patient lost to the ingratiating helpfulness of the sponsored nurse.

Only last month a lady I had delivered to for years, managing monthly co-ordinated stoma supplies and drugs, apologised for not needing my delivery service for quite a while. While in hospital she had been switched from Hollister to Dansac and then supplied through direct delivery with enough to last her the next six months.

She assured me this was not of her choosing but

had all been arranged by a stoma nurse dealing directly with her GP surgery and the home delivery appliance contractor. This month the lady died and I had to dispose of more than £2,000 worth of unused Dansac products!

As Mary Allen exposes, the supply of stoma appliances is geared to market manipulation by direct supply appliance contractors and exacerbated by their tainted sponsoring of specialist stoma nurses. But it is not the fault of either the patients or the nurses. It is the remuneration system that has allowed such a perverse service to develop.

Mary Allen's suggestions for reform make perfect sense. I only hope the Department of Health is also listening and that its new remunerative structure for all appliance contractors ensures the level playing field that is the Holy Grail of its political masters.

### Good to hear pharmino is listening

AstraZeneca's June announcement that it was to discontinue Mysoline by December due to low sales volumes seemed, on the surface, sensible. I now know different and can sympathise with charity Epilepsy Action which argues that the period of notice is too short (*C&D August 23, p4*).

I have one particularly unstable patient who has been on Mysoline all her life and was very concerned when I told her that she should contact her consultant in order to be stabilised on alternative medication. Low volume can be

translated as uneconomic so the real reason behind AstraZeneca's original decision is that it was not making

sufficient money from the sale of Mysoline. At £1.77 per 100 tablets I understand that argument but I am also aware the pharmaceutical price regulation scheme should enable larger players to make a reasonable profit and so, theoretically, maintain distribution of low volume drugs.

My interpretation of the pharmaceutical price regulation scheme is probably a little naive and, to be fair to AstraZeneca, after representation from Epilepsy Action, it is reconsidering its action. But with 10,000 UK patients there should be scope for passing the license to another manufacturer. I appreciate that the price could then rise tenfold but that would be a small price to pay considering the cost of changing to alternative medications for the affected patients and the peace of mind that a continuation of supplies will achieve.



### Might premium pricing dull the blade?

Wet shaving has certainly moved on from the old days of the cut-throat razor and the three-hole blade which regularly achieved the same effect! Cartridge blades are more efficient and less dangerous but at a price that has meant a substantial stock investment to cover the demand for so many variants.

Now Wilkinson Sword has launched the ultimate in cartridges with a four-blade system that promises miracles in smooth bloodless shaving bliss.

But progress comes at a price. The razor handle with two blades at £6.49 is acceptable but replacement blades will be stretching the budget of many of my customers. I have already reached the limit of how much I am prepared to invest in shaving preparations. This new Wilkinson system may also test the limit of consumer affordability.

# Donepezil helps vascular dementia

Donepezil provides patients suffering from vascular dementia with a better active daily life and significantly improves their cognitive functions, says Dr David Wilkinson, of Moorgreen Hospital in Southampton.

Patients who have had a stroke are at an increased risk of vascular dementia (VaD), yet no approved treatment is currently available.

According to Dr Wilkinson, VaD is an "overlooked" form of dementia, especially in post-stroke patients, yet it can be more responsive to treatment than

Alzheimer's disease. Of those patients in the UK with some form of dementia, up to 20 per cent will have VaD, compared with 60-70 per cent with Alzheimer's, although some will have mixed dementia.

Although VaD is less common than Alzheimer's disease, it appears they share a similarity – both conditions exhibit low levels of choline. This prompted the researchers to investigate acetylcholinesterase inhibitors for their possible activity in vascular dementia patients. Donepezil

significantly improved VaD patients' cognition and their ability to carry out normal daily activities.

Patients who received 5mg/day donepezil scored better than patients taking the placebo for cognitive tests, but patients taking the 10mg/day dose were significantly better than placebo patients on the clinical dementia ratings test. According to the study, donepezil reduced the patients' functional deterioration, although this wasn't statistically significant.

Dr Wilkinson says that this trial provides evidence that donepezil and, potentially, other cholinesterases could be used for VaD and should be used more widely.

He adds that using donepezil actually helped patients with VaD to improve their cognitive functioning, compared with drugs for Alzheimer's patients which only slow down the rate of deterioration.

**For more information:**

[www.aan.com](http://www.aan.com)

Neurology 2003; 61; 479-86

# Losartan is better for hypertensive diabetics

Losartan-taking hypertensive diabetes patients with enlarged left ventricles are at lower risk of sudden cardiac death than those on atenolol, say researchers from Scandinavia.

After analysing data from the LIFE trial (losartan intervention for endpoint reduction in hypertension), the researchers thought losartan might be providing more protection against cardiac death than atenolol. More than twice as many diabetes patients taking atenolol died (30 out of 609) of sudden cardiac death than those taking losartan (14 out of 586). The researchers, reporting in *The Lancet*, suggest

this is because the angiotensin-II receptor antagonist has better anti-arrhythmic properties than the beta-blocker.

This research followed an earlier LIFE trial investigating the effect of losartan on all causes of mortality in diabetes patients with left ventricular hypertrophy, with particular attention to cardiac deaths. The researchers say, though, that the difference in the regression of the two groups' left ventricular hypertrophy did not account for the difference in the numbers of sudden cardiac deaths. However, there was a difference between non-diabetics and diabetics taking losartan, with

only the diabetics gaining the cardiac protection.

Lars Hjalmar, from Umea University, Sweden, led the trial. He said: "The reduction in sudden cardiac death with losartan was only evident for diabetic patients. These results are, however, exploratory, and require confirmation."

An accompanying editorial in *The Lancet* says comparisons between losartan and beta-blockers other than atenolol now need to be done to assess the true protective nature of losartan.

**For more information:**

[www.thelancet.com](http://www.thelancet.com)

Lancet 2003; 362; 619-20

# Work dust can cause COPD

Workplace exposure to dust or fumes may be the cause of one in five cases of chronic obstructive pulmonary disease, according to researchers in San Francisco.

Although COPD is usually blamed on tobacco smoking, the workplace could account for five million of the 16 million cases in the USA, according to the study.

Researchers found that people with chronic bronchitis, emphysema and related conditions were twice as likely to have been exposed to "toxic airborne substances" – such as inorganic and organic dust and combustion by-products – in the workplace, whether they were smokers or not. They are calling for health policy-makers and clinicians to address this cause of COPD.

The study, published in the *European Respiratory Journal*, found that more than half of those with COPD said they had been exposed to workplace airborne toxins. The study estimates exposure to airborne toxins at work contributes to at least 20 per cent of COPD cases.

Laura Trupin, lead author of the study and epidemiologist from the University of California said: "Given the severe impact of COPD, it is critical to identify all possible avenues of exposure. These findings direct us to look beyond the cigarette when we consider prevention of chronic lung disease."

**For more information:**

[www.ersnet.org](http://www.ersnet.org)

European Respiratory Journal 2003; 22; 1-9

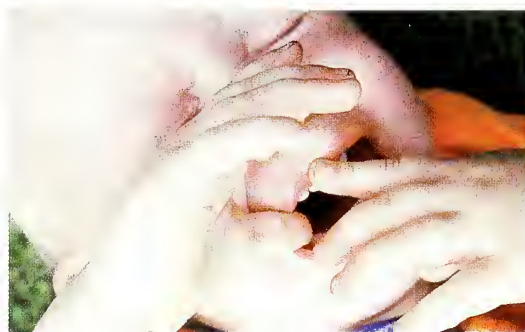
# Parents infect infants with pertussis

Infants are being infected with pertussis by their parents and older siblings despite widespread vaccination, says the Health Protection Agency.

The study, in the *Archives of Disease in Childhood*, found most children were too young for the pertussis vaccination and come into contact with the bacteria through parents or a sibling, who has already been immunised. And 28 per cent of the children in the study were not given a macrolide antibiotic, increasing risk of infection to others.

The research showed existing screening methods did not pick up cases of pertussis. The HPA is now offering polymerase chain reaction testing and serology to

**Existing screening methods do not pick up cases of pertussis. The HPA is now offering polymerase chain reaction testing and serology**



improve diagnosis. The study also highlighted 10 cases where subjects had no symptoms, but either PCR testing had detected *Bordetella pertussis* or pertussis toxin immunoglobulin G levels showed evidence of a recent infection. This raised concerns

that "carriage" of pertussis, although not currently recognised, may explain how infections still occur despite widespread vaccination.

**For more information:**

[www.archdischild.com](http://www.archdischild.com)

Arch Dis Child 2003; 88; 802-6



Mark Greener sheds light on receptors, to help pharmacists understand new drug developments

## Signalling pathways

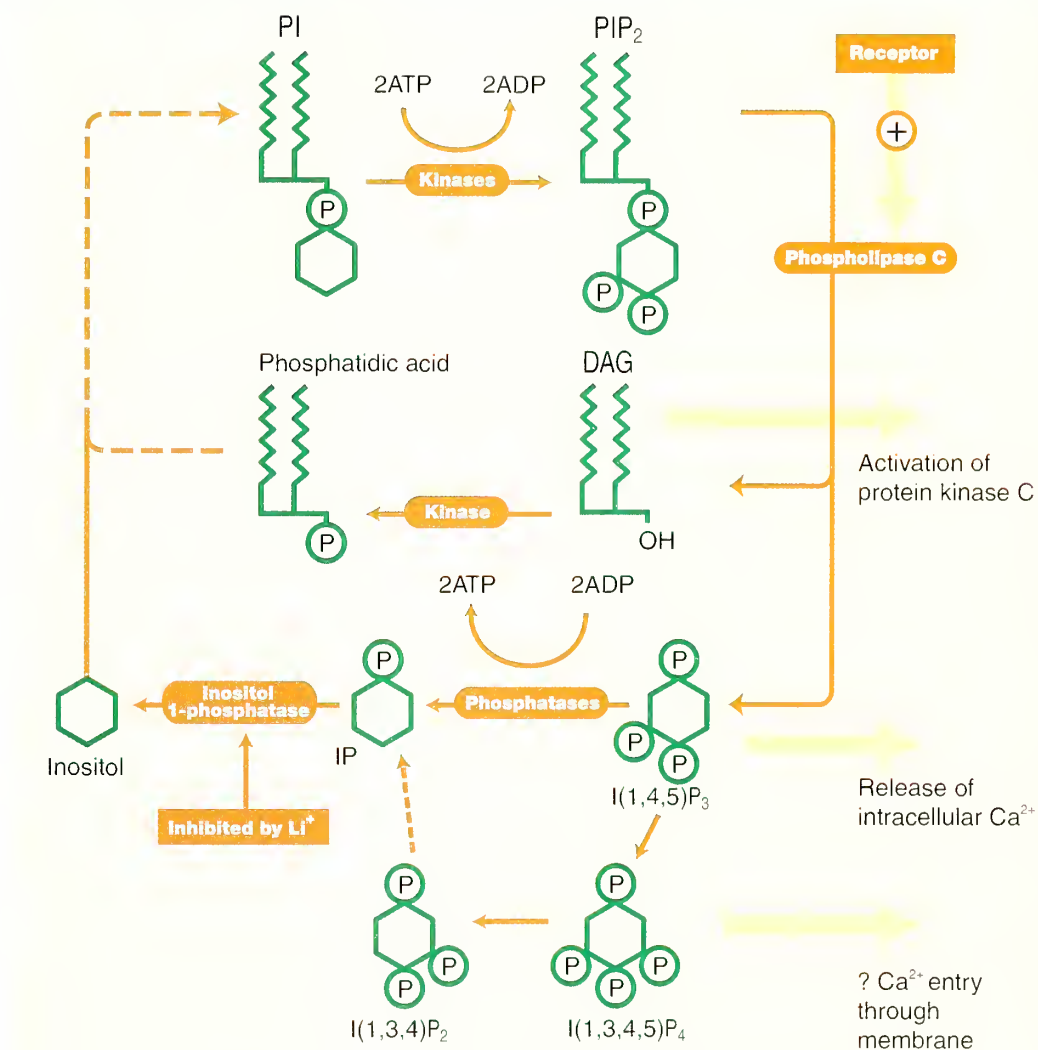
At first sight, reviewing the complex pathways that translate the binding of a drug, neurotransmitter or hormone to its receptor into a cellular response would seem to interest only pharmacologists or biochemists. But understanding how drugs influence these intracellular signalling pathways also matters to community pharmacists.

It's critical, for example, to appreciate the mode of action of commonly prescribed medicines – from sildenafil to sumatriptan to salbutamol. Indeed, some 60 per cent of drugs target receptors that use the "G protein" signalling pathway explained below.<sup>1</sup>

Moreover, the number of drugs targeting these pathways will increase rapidly over the next few years as studies into cellular function translate into novel therapeutic targets. In the meantime, the studies are beginning to uncover the molecular basis of several common diseases, from cholera to cancer.

Pharmacologists separate receptors into four broad "super-families" that differ in the time before the cellular effect emerges. Each super-family shares certain common features in its three-dimensional structure<sup>2</sup>:

- **Ionotropic receptors**, such as nicotinic and GABA<sub>A</sub>, are linked to ion channels. Depending on the ion, the flux causes either hyper- or de-polarisation of the cell membrane within a few milliseconds.
- **Metabotropic receptors**, linked to G proteins, include muscarinic and beta-adrenergic receptors. Their cellular effects can take several seconds.
- **Kinase-linked receptors**. These receptors are associated with an enzyme – a kinase – that phosphorylates proteins. So a tyrosine kinase specifically phosphorylates these amino acids. Kinase-linked receptors, which include insulin's binding site, can



The PI cycle is important for metabotropic receptors because it releases intracellular Ca<sup>2+</sup>

take several minutes to produce their effect.

- The intracellular nuclear receptors influence gene transcription. Members of this super-family include mineralocorticoid and glucocorticoid receptors (see *C&D Pharmacy Update*, July 26, p17) as well as the liver X and peroxisome proliferator activated receptors (PPARs) that regulate lipid homeostasis. Fibrates,

thiazolidinediones and several other agents in development act on PPARs. Researchers hope that selective liver X agonists could increase the amount of cholesterol removed from the circulation.<sup>3</sup>

In this feature we'll concentrate on the first three classes of receptors, all of which span the cell membrane. At the end of this article is a glossary of terms to help pharmacists whose memories of pharmacology lectures are

fading into the mists of time!

**Ionotropic receptors**

Ionotropic receptors respond to their ligand's binding by altering the intracellular ion concentration. Ions are essential for numerous biological functions, such as the propagation of nerve impulses and muscular contraction.

Continued on page 18 ►



There are two broad classes of ionotropic receptors: ligand-gated and voltage-gated. Nicotinic receptors – which are expressed on skeletal muscle cell end plates, neuromuscular junctions, autonomic ganglia and in the CNS – are typical ligand-gated ionotropic receptors.

The receptor consists of five sausage-shaped sub units clustered around a central pore that spans the cell membrane. Specific parts of the proteins that make up the sub units are 'kinked', forming a gate to prevent the flow of ions.

When acetylcholine binds, these kinked sections either straighten or swing aside allowing ions into the cell. The gate opens for just one to two milliseconds, but this is enough to depolarise the cell membrane, triggering the cellular response.<sup>2,1</sup>

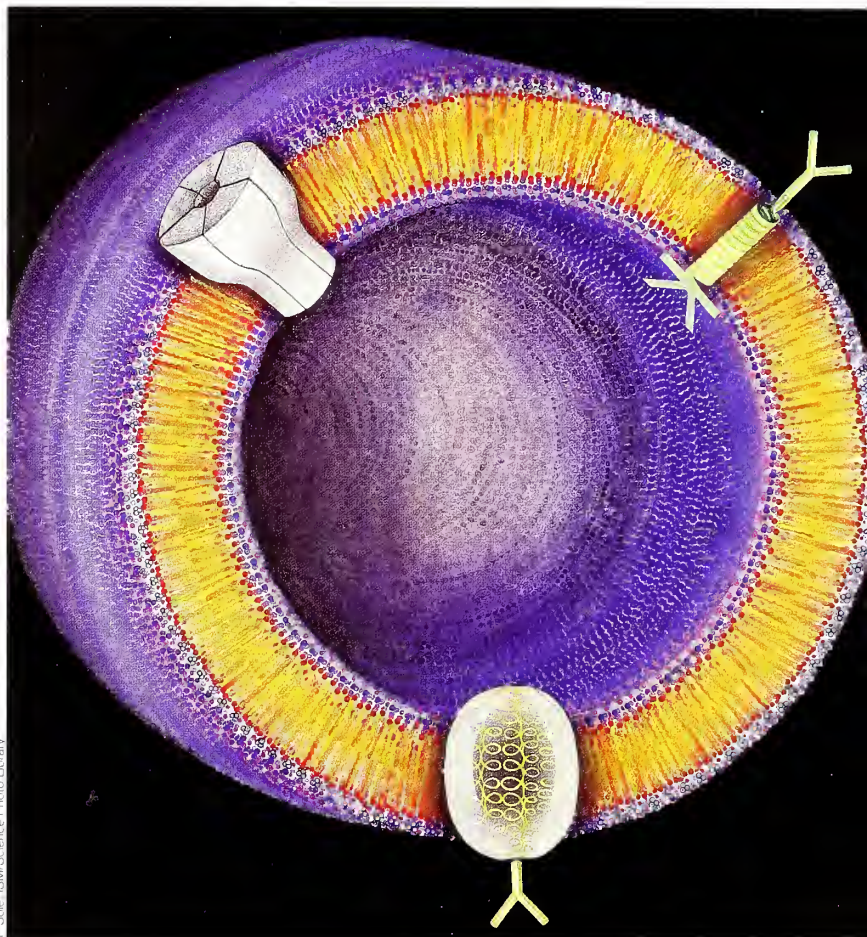
GABA (gamma-aminobutyric acid) is the main inhibitory neurotransmitter in the CNS. The ionotropic GABA<sub>A</sub> receptor controls the flux of chloride (Cl<sup>-</sup>) ions. An influx of Cl<sup>-</sup> makes depolarisation less likely. Several drugs alter this ionic flow. Benzodiazepines, for instance, augment Cl<sup>-</sup> influx by binding to an allosteric site on the GABA<sub>A</sub> receptor.<sup>1</sup> Allosteric ligands do not interact with the normal binding site but bind to a different receptor region that changes the shape of the active site. Several new drugs for treatment-resistant epilepsy modulate GABA function. Ethanol and anaesthetics also seem to act, at least in part, by modulating the size of the ion channel.<sup>2</sup>

The second group of ionotropic receptors are found on the membranes of excitable nerves as well as cardiac and skeletal muscle cells. When the membrane surrounding a voltage-gated ion channel depolarises, the pore opens, allowing the influx of, for example, sodium (Na<sup>+</sup>) and calcium (Ca<sup>2+</sup>). In some cases the channels remain open for longer, allowing Cl<sup>-</sup> to enter. As a result, the cell cannot repolarise for a time. This is known as the refractory period.<sup>1</sup>

Voltage-gated ionotropic receptors are the site of action of several widely used drugs, for instance:

- Local anaesthetics block voltage-gated Na<sup>+</sup> channels.
- Calcium channel blockers, as their name suggests, inhibit Ca<sup>2+</sup> influx.
- The sulphonylureas block potassium channels. Potassium efflux leads to repolarisation, so

**Cell membrane: artwork of a section through a cell plasma membrane and three types of ion channel. A sodium ion channel (lower centre), a calcium ion channel (upper right) and a potassium ion channel (upper left) control the passage of ions into and out of the cell. This leads to the build up of electric charge potentials, of vital importance in muscle and nerve tissue. The membrane consists of a double layer of phospholipids (purple/orange)**



blocking the channels causes pancreatic beta cells to depolarise. This stimulates insulin secretion.<sup>2</sup>

Furthermore, considerable evidence suggests that mutations in ion channels contribute to certain diseases as well as influencing therapeutic response, for instance:

- Some cases of familial hemiplegic migraine seem to result from mutated calcium channels.<sup>4</sup>
- Several forms of epilepsy seem to be associated with genetically determined defects in ion channels.<sup>5</sup>
- The growth of prostate cancer cells seems to be partly controlled by voltage-gated potassium channels.<sup>6</sup> Potassium channel blockers have been shown to inhibit growth of androgen-unresponsive and hormone-responsive cell lines, and stimulate apoptosis-programmed cell death. (Androgen-unresponsive prostate cells are the most difficult to treat with existing drugs and are responsible for most treatment-resistant metastases.)
- Amiloride might offer a specific treatment for many black patients who express a particular mutation of epithelial sodium channels that is associated with hypertension.<sup>7</sup>

Studies into ion channels also help pharmacists understand the

origins of a potentially lethal side effect – the long QT syndrome (Q and T refer to points on an ECG trace). Also called *torsades de pointes*, this syndrome is associated with an increased risk of syncope (a sudden brief loss of consciousness with fainting) and sudden death due to cardiac arrhythmias.

Heart muscles contract following an influx of ions in response to membrane depolarisation. An efflux of potassium repolarises the cell.

Several drugs – including some antihistamines, antibiotics and tricyclic antidepressants – block the potassium channel, extending the action potential. This can lead to the long QT syndrome.

Pharmacists will be well aware of the caution not to use terfenadine with the antibacterials clarithromycin and erythromycin, or drugs used in ventricular arrhythmias. An ion channel known as HERG seems to be especially important in allowing this outward potassium current.<sup>8</sup> Indeed, between 10 and 15 per cent of people who developed drug-associated *torsades de pointes* seem to express mutations in two key channel proteins, one of which was HERG, that seemed to predispose to prolonged QT interval.<sup>9</sup> Ongoing studies are

beginning to unravel why HERG is susceptible to blockade by certain drugs as well as the other factors linked to the long QT syndrome.

## Metabotropic receptors

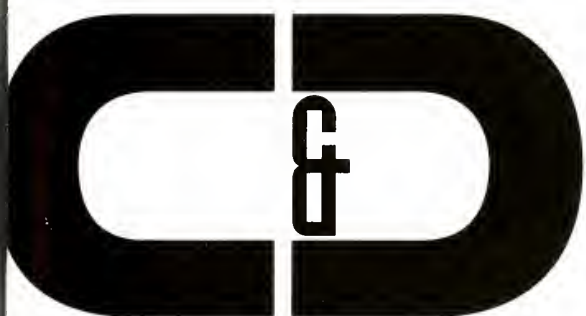
Metabotropic receptors are linked to G proteins, which in their inactive form consist of three sub units attached to lipids in the cell membrane. When the agonist binds to the receptor, the alpha sub-unit detaches and activates the target – an ion channel or enzyme, such as adenylate cyclase.

In some cases, the complex of the beta and gamma sub-units also activates a target. These three sub-units can be expressed in about 40 different forms. So there could be as many as 1,500 combinations of the three sub-units. As a result, specific G proteins are associated with specific receptors and specific effects.<sup>2</sup>

In a typical example, the alpha sub-unit activates adenylate cyclase, another cell membrane protein. The activation of a single adenylate cyclase protein yields numerous molecules of cAMP (cyclic adenosine monophosphate).

Each molecule of cAMP then activates numerous kinases. The





Chemist&Druggist

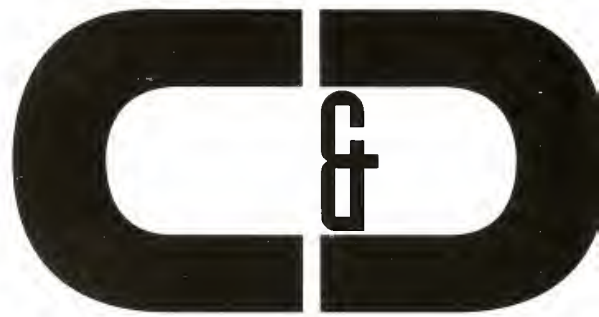
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## FORMULARY FACTS SERIES

### Number 16: Co-cyprindiol

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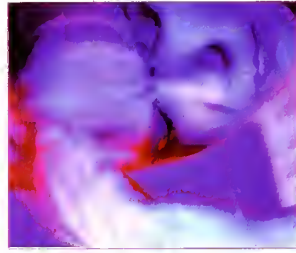
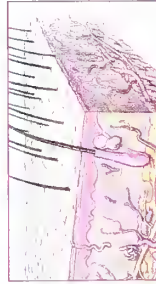
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This combination product, perhaps better recognised under its brand name, Dianette, is now available as a generic. The unique combination of an oral contraceptive with an anti-androgen makes for an interesting product with diverse uses.



**Composition:** Tablet containing cyproterone acetate 2mg plus ethinylloestradiol 35mcg (mass ratio 2000:35).

**Indications:** Co-cyprindiol is useful for women who are being treated for acne and/or hirsutism, but who also want to take an oral contraceptive pill. The CSM has recently reminded prescribers that it is licensed for women with severe acne which has not responded to oral antibacterials, and for moderately severe hirsutism. It should not be used solely for contraception.

**Dosage:** One tablet should be taken daily for 21 days (starting on day 1 of the menstrual cycle). This course is repeated after a seven-day break. Course is usually repeated for several months. Treatment may then be withdrawn if acne or hirsutism resolve and restarted if necessary if symptoms recur.

**Contraindications:** Co-cyprindiol improves acne by decreasing sebum secretion, which is under androgen control. Women with moderate to severe hirsutism also benefit as hair growth is also androgen-dependent.

**Contraindications:** Pregnancy - as with other oral contraceptives should not be taken during pregnancy or breastfeeding or in the first six months after birth. Not to be used by those with a family history of thromboembolism.

**Contraindications:** There is a risk of venous thromboembolism when using any oral contraceptives. Co-cyprindiol is a standard strength oestrogen preparation as it contains between 30-35mcg of ethinylloestradiol.

The risk of venous thromboembolism with oral contraceptives is less than that associated with pregnancy.

The pill should be stopped and cardiovascular assessment carried out if any of the following occur:

- sudden severe chest pain
- sudden breathlessness (cough/bloodstained sputum)
- severe pain in calf of one leg
- severe stomach pain
- high blood pressure (systolic > 160mmHg, diastolic > 100mmHg) and neurological effects (unusually severe prolonged headache, partial/complete loss of vision, fainting attack, unexplained seizures).

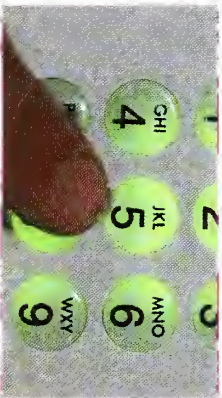
Co-cyprindiol

Acne management poses difficult and complicated issues for health professionals. Co-cyprindiol represents one of a number of treatment strategies for managing acne in primary care. At a time when preventing over-use of antibiotics is a priority for prescribers, this agent offers a therapeutic alternative



**Acne - the disease**

Occurring on the face, back and chest, acne is a disease of the sebaceous glands. The average age of onset is 12 years old. Hormonal studies have shown the sebaceous gland is under highly complex control which is sensitive to androgens. Patients suffering acne appear to have both over-active sebaceous glands and a local increase in androgen receptors.

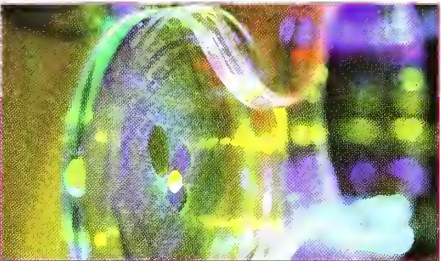


**Acne and the patient**

There is no evidence that acne prevalence is increasing, although patient expectations have vastly increased. 82 per cent of patients surveyed falsely believe that consumption of chocolate caused their acne. Over half of acne patients would prefer to see a nurse over their GP, as nurses are perceived to be more caring, supportive and approachable. Keep this in mind when consulting and advising patients. The Acne Support Group has reported that it receives about five telephone calls/letters per week from patients who could be considered suicidal with acne as the main cause. Evidence reveals acne can be both distressing and affect social patterns of those who suffer from it.

**Antibiotics and acne**

- Antibiotics are the most widely used anti-acne drugs in primary care.
- Both oral and topical antibiotics are often formulated with drugs such as retinoids, nicotinamide and azelaic acid. Bacterial resistance, however, is proving a difficulty and over-use of antibiotics in this therapeutic area has been criticised.
- Proposed mode of action is through inhibiting growth/metabolism of *Propionobacterium acnes* and *P. granulosum*.
- Tetracyclines may have an anti-proliferative effect on keratinocytes. They also have an anticollagenase effect.
- Antibiotic failure is mainly due to inadequate doses, poor tolerability and compliance, and antibiotic resistance. Patients with high sebum concentrations do not respond particularly well to antibiotics.
- Most common antibiotic resistance is to erythromycin (and most strains will also be cross-resistant to clindamycin). Most tetracycline-resistant strains will also be resistant to doxycycline.
- Routine advice to women on OCP is to use additional barrier methods during the first two weeks of concurrent antibiotic treatment. If, however, the stopping date of the antibiotic course is during the pill-free week, the next pack of pills should be started without a break.





markedly amplifies the signal produced when the ligand binds to one receptor. A further family of enzymes, the phosphodiesterases, curtails the signal by inactivating cAMP.<sup>10</sup>

In another case, the G protein activates phospholipase C, which acts on a phospholipid (PIP<sub>2</sub>) in the cell membrane to yield diacylglycerol and inositol triphosphate (IP<sub>3</sub>).

Diacylglycerol activates protein kinase C, while IP<sub>3</sub> releases calcium from intracellular stores. Both are first steps in signalling cascades. Another G protein activates phospholipase A, stimulating the production of arachidonic acid metabolites, such as the pro-inflammatory prostaglandins (see *C&D Pharmacy Update*, June 21, p17).<sup>2</sup>

Drugs can influence G protein-associated receptors at many different stages in the signalling pathway. For example:

- Beta-adrenergic receptors and 5HT<sub>1</sub> receptors stimulate and inhibit adenylate cyclase respectively. Salbutamol and sumatriptan bind to beta<sub>2</sub> and 5HT<sub>1D</sub> receptors respectively, which is the basis of their ability to alleviate asthma and migraine.
- Lithium seems to act, at least in part, by inhibiting the recycling of IP<sub>3</sub>, thereby increasing levels of this intracellular messenger. But lithium's mode of action is complex and several effects contribute to its benefits as a mood stabiliser.

- Sildenafil inhibits phosphodiesterase 5, which is expressed in penile blood vessels.<sup>2</sup> The increase in cAMP relaxes smooth muscle in the corpus cavernosum, thereby maintaining the erection. Furthermore, several bacterial toxins affect G protein-associated receptors. Cholera and pertussis toxin, for instance, overstimulate specific forms of the alpha sub unit in two of the three main classes of G protein (G<sub>s</sub> and G<sub>i</sub> respectively). In the case of cholera, this overactivation causes excessive secretion from

the gastrointestinal tract.<sup>2</sup> Such insights could lead to new treatments for infections.

Indeed, there is likely to be a marked increase in the number of new drugs acting on the metabotropic receptor super-family over the next few years. Several drugs in development target G protein-associated receptors. New high throughput screening techniques allow researchers to match receptors characterised genetically with ligands from libraries containing thousands of molecules. This approach – called reverse pharmacology – pairs about 10 receptors with their ligands each year. And some ligands are surprising: fatty acids and bile acids seem to be ligands for G protein-associated receptors, for instance. Many of these ligands are relatively small molecules, suggesting that they might be targets for new drugs.<sup>3</sup>

### Receptors

The final group of receptors we'll consider in this feature is linked to kinases. The extracellular end binds to the ligand, such as insulin, a growth factor or cytokine.

As their name suggests, growth factors stimulate cells to grow and divide. Cytokines are proteins and glycoproteins that carry messages between cells. Typically, the intracellular end of the protein is a kinase, usually for tyrosine. When the growth factor binds, the kinase phosphorylates other residues in the protein.<sup>1</sup>

In many cases, "autophosphorylation" of tyrosine turns the receptor into a binding site with a high affinity for a widely expressed 100 amino acid sequence known as SH-2. As a result, the autophosphorylated receptor interacts with other proteins including enzymes, such as phospholipase C and protein kinases.

One of the latter, MAP kinase, phosphorylates transcription factors controlling expression of genes for cell division. In another case, the intracellular end activates a kinase known as JAK. This is the first step in a signalling cascade that, ultimately, interacts with a family of transcription factors (STATs) that control the genes encoding several important inflammatory mediators.<sup>2</sup>

### Role in cancer

Mutations in genes coding for the proteins involved in these

signalling pathways probably contribute to several cancers. The mutations mean that the pathways remain active even when a growth factor isn't attached to the receptor.<sup>2</sup>

On the other hand, these signalling pathways also offer tempting therapeutic targets. The tyrosine kinase inhibitors gefitinib and imatinib are marketed in some parts of the world for non-small cell lung cancer and chronic myeloid leukaemia respectively.

Other drugs targeting tyrosine kinases involved in cancer are being developed.<sup>11</sup> Erlotinib, to take one example, inhibits a receptor tyrosine kinase that is over-expressed or mutated in several solid tumours, including pancreatic, ovarian and some lung cancers as well as head and neck malignancies.

Emerging evidence also suggests inhibiting the JAK-STAT signalling pathway attenuates tumour growth, increases survival<sup>12</sup> and sensitises cultures of some drug-resistant non-Hodgkin's lymphoma and multiple myeloma cells to chemotherapeutics.<sup>13</sup> Although further research is needed, it's a promising approach.

### Heart attack

The JAK-STAT pathway is also associated with the activation of the renin angiotensin system (RAS) in the heart that follows a myocardial infarction. (Several tissues other than the kidney express local RAS.) Selective activation of some STAT proteins increases expression of genes that remodel the myocardium after a heart attack. So inhibiting JAK-STAT phosphorylation may modify remodelling, which can lead to left ventricular hypertrophy, a major cause of morbidity and mortality.<sup>14</sup>

### Pharmaceuticals

To conclude: understanding the intercellular pathways that translate a drug's, neurotransmitter's or hormone's signal into a cellular response helps pharmacists appreciate the mode of action of numerous commonly prescribed and novel medicines.

It also helps understand the molecular basis of several common diseases. Indeed, the current intensive research effort suggests that understanding these pathways will become increasingly important over the next few years.

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Mark Greener, a former research pharmacologist, now works as a medical writer and journalist. He is author of numerous articles and several books on health-related issues.

### Glossary:

**Allosteric:** relating to a function of an enzyme or receptor in which the binding of a metabolic molecule or a drug modifies the structure and activity of the active site.

**Ligand:** an atom, molecule (such as a drug), radical or ion that binds to and forms a complex with a central atom or binding site on a receptor or other protein.





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## The UK's favourite celebrity couple

- As the **best selling** brands in the throat sweet market Halls Soothers and Halls Mentho-Lyptus are recognised everywhere.
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- They're growing faster than any other medicated confectionery brand you can stock with a total growth, year on year, of £3.3m value sales added to the brand.
- And they're supported with a year round combined media spend of £2 million.
- Halls Mentho-Lyptus is available in 5 flavours – Extra Strong, Original, Blackcurrant, Sugar Free Original and Sugar Free Cherry. There are also 4 flavours of Soothers – Blackcurrant, Cherry, Strawberry and Peach and Raspberry, so you can create a display that will really get noticed.

\* Source: IRI to 13 July 2003

**You'd better stock plenty of the UK's favourites ready for the cough and cold season because the public adore them.**

For further information on these products please call the *Jacksons* Hotline number 01363 636100.



# HIV drug breaks not good for all

Treatment breaks – or so-called “drug holidays” – of antiretrovirals may do more harm than good for some HIV-positive individuals, say researchers at the National Institute of Allergy and Infectious Diseases in the USA.

Patients who have developed resistance to multiple anti-HIV drugs experienced more HIV complications by taking a break in their treatment, according to the study published in the *New England Journal of Medicine*.

Treatment breaks are becoming more common in HIV treatment regimes, say the authors, to give patients a break from the toxic

side effects of the antiretroviral drugs and in the hope that the virus will regain susceptibility to the drugs.

However, in patients that have a drug-resistant form of HIV, it appears that this is not the case. One of the authors, Jodi Lawrence, says: “We had hoped that a structured treatment interruption would be beneficial for people experiencing treatment failure due to multidrug-resistant HIV.

“However, our results indicate that this strategy does not work and should be avoided by this group of HIV-infected



individuals. Continuing therapy guided by HIV drug resistance testing proved to be a better approach.”

**For more information:**

[www.nejm.org](http://www.nejm.org)

*N Engl J Med* 2003; 349: 9

# New cancer gene more common than BRCA

Scientists have identified the most commonly inherited cancer susceptibility gene so far, which is present in one in eight people.

The researchers say that transforming growth factor beta receptor 1\*6A could increase carriers' risk of breast cancer by 48 per cent, ovarian cancer by 53 per cent and colon cancer by 38 per cent.

Being implicated in about 7 per cent of all breast cancers, almost 11 per cent of ovarian cancers and 5.5 per cent of colon cancers, TGFBR1\*6A is more common than BRCA gene mutations, say the researchers at Northwestern Memorial Hospital in Chicago.

“This is an exciting finding because TGFBR1\*6A is a common gene that may cause a large number of cancers,” said Boris Pasche, director of the Northwestern Hospital's cancer genetics programme.

“In the near future, it will be commonplace for people to know what genes make them more susceptible to cancer and we'll have many more options for preventing those cancers,” he added.

**For more information:**

[www.jco.org](http://www.jco.org)

*Jour Clin Onc* 2003; 21:17

# Chromium picolinate helps diabetics

Chromium picolinate could help to increase insulin sensitivity, according to Dr William Cefalu from the University of Vermont College of Medicine.

Speaking at the International Diabetes Federation Congress in Paris, Dr Cefalu explained the study showed that insulin sensitivity increased in patients who supplemented their diets with chromium picolinate.

“This study demonstrates that those individuals with type 2

diabetes who supplemented their diet with chromium picolinate [1mg daily] had an enhanced activity of the protein compared to those who were on placebo.”

Dr Cefalu added: “As this intracellular pathway [Akt phosphorylation] is implicated in contributing to insulin resistance, this represents a possible mechanism to explain chromium picolinate's beneficial effect on insulin sensitivity as observed in several clinical studies.”

Dr Cefalu claims that

chromium picolinate works by increasing the activation of Akt phosphorylation, which encourages glucose uptake into cells.

The trial patients receiving the chromium supplement demonstrated an 8.9 per cent increase in insulin sensitivity, compared with the placebo group who showed an average decrease of 3.6 per cent.

**For more information:**

[www.nutrition21.com](http://www.nutrition21.com)

*Nutrition* 21

## Scriptlines

### Imigran for adolescents

GlaxoSmithKline is launching its migraine treatment Imigran (sumatriptan) as a 10mg nasal spray, indicated for children aged 12-17. The SPC was updated on the electronic *Medicines Compendium* website in June. This is the only migraine treatment licensed for this population who experience attacks with higher occurrences of nausea and vomiting.

The recommended dose for adolescents is 10mg, administered into one nostril. If the patient does not experience relief from the first dose, the treatment should not be repeated and paracetamol or a suitable non-steroidal anti-inflammatory drug should be taken. If a patient responds to the first dose for an attack, but the symptoms return a second dose

can be taken as long as at least two hours have passed between doses.

Patients should only take a maximum of two doses in any 24-hour period. Imigran 10mg comes as a pack of two sprays, which costs £12.00 and is available from September 1.

**For more information:**

See Price List Supplement

<http://emc.medicines.org.uk>

### Free Portacases

Fujisawa is providing free Portacases to all patients prescribed Protopic (tacrolimus ointment) to carry their eczema medication around with them. To obtain the free Portacases, call Fujisawa on the freephone number below.

**For more information:**

Fujisawa

Tel: 0800 3891903.

### Corgard 40mg ceases

Sanofi-Synthelabo is discontinuing Corgard (nadolol) 40mg and Corgaretic (nadolol, bendrofluazide) 80mg immediately. Corgard is still available in the 80mg dose, which has a breakline to give a 40mg dose. Sanofi-Synthelabo warns two Corgaretic 40mg tablets are not equivalent to the 80mg dose, because of the bendrofluazide dosage.

**For more information:**

Sanofi-Synthelabo

Tel: 01483 505515.

### Optium strips discontinued

MediSense is discontinuing its Optium blood glucose test strips from the end of September. Patients should ask for their prescription to be changed to

Optium Plus electrodes. MediSense will reimburse pharmacists according to *Drug Tariff* regulations and expects very few to be left with excess stock.

**For more information:**

[www.diabetesnow.co.uk](http://www.diabetesnow.co.uk)

MediSense

Tel: 0800 3168884.

### GSK stops AC Vax

GlaxoSmithKline is discontinuing its AC Vax [meningococcal polysaccharide vaccines (groups A and C polysaccharides)]. The company estimates that stocks will be exhausted by the end of August, but says that an alternative product is available from another supplier.

**For more information:**

[www.gsk.com](http://www.gsk.com)

GlaxoSmithKline

Tel: 0808 1009997.



## GSK goes for stronger sales

GlaxoSmithKline Consumer Healthcare aims to encourage consumers to trade up to stronger sore throat remedies with the launch of new GSL lozenges in the Beechams range.

Beechams Max Strength Sore Throat Relief Lemon and Honey or Blackberry Lozenges contain a combination of anaesthetic and antibacterial actives – hexylresorcinol and benzalkonium chloride.

The packaging is designed to communicate strength as well as flavour. GSK says the blackberry flavour has tested positively, with consumers showing a marked preference for this variant.

Beechams Max Strength Sore Throat Relief will be supported by a £1.5 million advertising campaign

during the 2003/2004 cold and flu season.

GSK is introducing an eight-tablet pack for Beechams All in One tablets which offer relief from the symptoms of headache, blocked nose, sore throat and chesty cough.

The pack, which has selective distribution, is expected to generate trial and bring new users into solid dose remedies on the cold and flu fixture.

Beechams All in One will be supported by a £2.5m campaign including TV and radio during the cold and flu season.

**Price: Max Strength lozenges £1.49 (10), £2.49 (20), All in One £2.25 (8)**

Pip code: See September Price List  
GlaxoSmithKline Consumer Healthcare  
Tel: 020 8047 2700.



## Veno's helps the medicine go down

The Beechams Veno's range is being extended with a chesty cough syrup formulated for children aged between two and 12.

Veno's for Kids has a pleasant-tasting, sugar-free formula that contains guaifenesin (100mg per 15ml dose).

The pack features a distinctive smiling lion graphic to signal to parents that their kids will "get their roar back".

It also has a colourful logo to clearly differentiate it from the adult products in the range.

The Veno's brand will be supported by sponsorship of



Channel Five's weather spots for a four-month period from October.

**Price: £2.89**

Pack size: 100ml

Pip code: 296-4476

GlaxoSmithKline Consumer Healthcare  
Tel: 020 8047 2700.

## Centrum's got the feel-good factor

Wyeth Consumer Healthcare is launching a premium-positioned multivitamin with minerals and herbal ingredients into the Centrum range.

Centrum Performance is primarily aimed at healthy, self-motivated people aged 25-45 who want a supplement to help them perform at their best both mentally and physically.

It has been developed to offer a range of vitamins and minerals to help combat the damaging effects of free radicals caused by stress. The formulation includes antioxidants, B vitamins, ginseng and ginkgo biloba.

Eye-catching packaging has a vibrant red and orange metallic look to differentiate it from the rest of the Centrum range.

The launch will be supported by a £1.7 million campaign including



sponsorship of Sky Sports' 'Good Morning Sports Fans' in October. Radio advertising will start at the beginning of December, followed by a national TV campaign after Christmas.

Point of sale material and pharmacy assistant training will be available.

**Price: £6.99 (30), £11.49 (60)**

Pip code: 297-9144 (30), 297-9151 (60)

Wyeth Consumer Healthcare  
Tel: 01628 669011.

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# Vitamin C to help skin look younger

Beiersdorf has developed a new anti-ageing cream containing vitamin C in the Nivea Visage range.

Nivea Visage Age Reversal Intense Rejuvenating Cream includes a high concentration of pure vitamin C (ascorbic acid) in its purest form.

The company says its research shows that vitamin C can activate the skin's own restructuring process by stimulating the collagen synthesis inside the papillae.

The formulation also includes vitamin E (tocopheryl acetate) to actively work with vitamin C.

Targeting women aged 35-49, the cream is claimed to

visibly reduce wrinkles, improve skin firmness and intensively moisturise the skin.

The dermatologically approved formula has a light fragrance and contains UVA and UVB protection. It is suitable for all skin types.

As vitamin C is sensitive to oxygen and light, the cream is packaged in an airtight alu-laminate silver tube to protect the ingredients.

The launch will be supported by TV and press advertising this autumn/winter and a sampling programme is planned for early 2004.

**Price: £14.99**

Pack size: 40ml

Pip code:

298-2304

Beiersdorf

UK Ltd

Tel: 0121 329 8800.



# Cranberry treats cystitis

Bayer is relaunching Canesten Oasis cystitis treatment with a new cranberry flavour.

Canesten Oasis Cranberry contains sodium citrate and is formulated to reduce the acidity levels in the urine to relieve the burning pain of cystitis.

The contents of the sachets are dissolved in a glass of water to give a cranberry flavoured drink. The sachets can be taken three times daily for two days.

A new consumer leaflet and point of sale material is available.

Research shows that cranberry is the most popular fruit flavour associated with relieving cystitis. Two-thirds of women link cranberries with a healthy urinary tract (*TNS data August 2003*).

**Price: £4.25**

Pack size: six sachets

Pip code: 253-4998

Laser Healthcare

Tel: 01202 780 558.

# Hands up for Cutex

Coty is introducing two new products in the Cutex nailcare range on September 11.

The 8 Hour Rescue Emergency Treatment is a new hand cream formulated to provide immediate relief for dry hands and to continue moisturising for eight hours. It contains watermelon extract to provide a barrier against moisture loss.

Extra Caring Gel Nail Polish Remover is a gentle and fast acting

gel polish remover which is formulated to leave the nails and cuticles clean, moisturised and conditioned. It is enriched with aloe and vitamin E. The gel is suitable for most types of artificial nails.

**Price: 8 Hour Rescue Emergency Treatment (75ml) £2.99, Extra Caring Gel Nail Polish Remover 100ml £1.99, 200ml £2.49**

Coty (UK) Ltd

Tel: 020-8971 1300.



# Yardley puts a modern twist on traditional scent

The Yardley English Lavender range is being relaunched in an attempt to widen the appeal of the long-established fragrance.

In addition to traditional lines like talcum powder and soap, the repackaged range features a more contemporary product line-up.

The bath and body collection includes moisturising bath foam, bath and shower crème, moisturising body lotion, hand and nail cream, roll-on deodorant and liquid soap.

It also features Solid Brilliantine, a traditional pomade that holds, shapes and adds shine to the hair.

The range has been extended to include home fragrance products such as a scented candle, pot pourri, oil burner, drawer liners and sachets, plus a fabric and room spray.

**Price: from £2.50 for Refreshing Tissues to £24.95 for 500ml Cologne Splash**

Cosmopolitan Cosmetics UK Ltd  
Tel: 020 7297 5000.

# TVnext week

**Aquafresh:** All areas except U, CTV, GMTV

**Bassett's Soft & Chewy Vitamins:** GMTV, Sat

**Bodyform:** U, STV, C, HTV, W, LWT

**Full Marks Mousse:** All areas

**Hedex:** All areas except U, CTV, GMTV

**Imodium Instants:** All areas

**Lloydspharmacy's Diabetes Testing Service:** B, GTV, STV

**Nivea Shower Pampering Shower Oil:** All areas

**Pearl Drops:** B, G, Y, C, HTV, TT, C4, C5, GMTV, Sat

**Pepcidtwo:** All areas

**Poligrip:** All areas except U, CTV, C5, GMTV

**Ribena:** All areas except U, CTV, GMTV

**Rimmel London 'Extreme Definition Mascara':** All areas except U, CTV, GMTV

**Sensodyne:** U

**Tena lady & Tena pants Discreet:** All areas except U, GMTV

**Voltarol Emugel P:** B, G, Y, C, TT, C4

**PharmaSite for next week:** Solpadeine – window, Solpadeine – in-store, Full Marks Mousse – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



# Sitting pretty with Baby Beanie

Polaroid is introducing a new accessory to help take officially acceptable baby photos for passport use.

The Baby Beanie is a small and comfortable beanbag with a white, non-reflective

cover to provide the best possible light background for a baby picture. The fire resistant fabric may be sponge cleaned for easy maintenance.

All children from newborn babies to the age of 15 must now have their own passport and each



application must be accompanied by two photographs of the baby or child.

Demand for baby photos is set to increase further as from October 1, the USA will refuse entry to any child who is not

travelling with their own personal documentation.

Polaroid provides a useful instruction sheet to help you get the best results with baby photography.

**Price: £29.95**

Polaroid (UK) Ltd.

Tel: 0845 6060657.

# Sensodyne dresses up

The Sensodyne toothpaste range has been updated with a new look designed to appeal to younger consumers.

The packaging features more modern graphics and clearer pack wording and each variant is clearly defined by colour coding.

The back of the pack includes information to

help consumers understand the problem and causes of sensitive teeth.

In addition, Sensodyne Mint has been reformulated to provide enhanced flavour, improved texture and fluoride for increased protection.

**For more information:**  
GlaxoSmithKline  
Consumer Healthcare  
Tel: 020 8047 2700.



# Cindy Crawford perfume

Two new fragrance ranges will be launched into pharmacies in September.

The Cindy Crawford fragrance and bodycare range comprises eau de toilette, body lotion, shower gel and perfumed deo spray.

The pale apricot fragrance is presented in a simple, clear and frosted glass bottle in a black box.

Yardley Equity is a new men's fragrance in the Yardley London range.

**Price: Cindy Crawford ranges from £5.95 for shower gel to £19.95 for 50ml eau de toilette. Equity ranges from £3.95 for deodorant body spray to £13.95 for 100ml eau de toilette**  
Cosmopolitan Cosmetics UK Ltd  
Tel: 020 7297 5000.

# Heavyweight TV = Big Impact



# Syndol. The fastest growing adult oral analgesic in the UK

After our highly popular effective national TV campaign, Syndol has become the fastest growing adult oral analgesic in the UK.<sup>1</sup> In fact, the TV advertising was so successful, we've decided to run it again. Extensive research uncovered that consumers were looking for a different way to treat headaches. Our TV ad showed that Syndol, as well as having two fast acting painkillers,

also has an extra ingredient, doxylamine succinate, that eases muscle tension. This message was so effective, the response was a staggering 439% uplift in sales.<sup>2</sup> And Syndol is now the 4th largest Oral Analgesic brand in pharmacy.<sup>3</sup> Our new burst of TV activity is planned from September 8th so expect a similar rush of demand. Make sure you're ready, stock up on Syndol.



Syndol is a trade mark of Aventis. Always read the label.  
Contact your SSL representative for further information about Syndol

**Syndol** with added **gahhhh**

**Product Information.** Presentation: Each tablet contains the following active ingredients: Paracetamol 500mg, Ibuprofen 400mg, Doxylamine succinate 10mg. Indications: Mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction between the eyebrows, tension headache, neuralgia, toothache, post-operative analgesia following surgical or dental procedures. **Warnings:** Caution is advised when administering this medicine to children. With impaired kidney or liver function, the dose should be reduced. In the event of an overdose, even if the patient feels fine, because of the risk of delayed, serious liver damage, medical attention should be sought immediately. **Legal Category:** P. Further information: See package insert. **Product Licence No.** PL11314/0122. **Product Licence Holder:** Sefon Products Ltd, Tubiton House, Oldham OL1 3HS. 12 wks. Expiry: 27th May 2003. <sup>1</sup>Pharmacy EPOS Survey, 1999-2000. <sup>2</sup>Pharmacy EPOS Survey, 1999-2000. <sup>3</sup>Pharmacy EPOS Survey, 1999-2000.





# Animal rights

The Cascade system for veterinary medicines exists to ensure that animals receive products specifically designed for them, explains **Philip Skatchey**, chief executive of the National Office of Animal Health

When a veterinary surgeon confirms the diagnosis of canine pyoderma, as often as not he or she prescribes cephalexin, one of the cephalosporin group of antibiotics. Very familiar to pharmacists and produced in tablet form by any one of a number of human pharmaceutical houses, vets commonly prescribe this treatment in the misguided belief that their right to prescribe under Cascade (see box) enables them so to do.

Their action ignores the fact that there are two licensed veterinary

products with cephalexin as the active ingredient – Rilexine from Virbac and Ceporex from Schering Plough – both being specifically formulated for use in the target animal species.

And that's exactly the problem. The term 'generic' medicine is poorly understood and often misquoted in the veterinary field. A generic medicine is not simply an 'out-of-patent' medicine. A generic medicine is a 'copy of an out-of-patent medicine for which bioequivalence has been demonstrated' – and that is the really crucial point.

Just because an original brand of a human or veterinary medicine is 'off patent', that does not automatically make it a generic and enable it to be prescribed – or indeed, dispensed – legally to animals under Cascade. The veterinary medicines industry has no concerns about the use of licensed

veterinary generic medicines – those which have a full veterinary Marketing Authorisation after undergoing full bioequivalence within the proper regulatory process, as controlled by the Veterinary Medicines Directorate (VMD).

Our real concern is the use of human medicines, whether they are generic or not, to treat animals, when they have been evaluated for safety, efficacy and quality in the target animal species.

Vets can probably think of a number of other times when they select products made for humans in preference to those developed, researched, tested and registered specifically for the target animal species. Carbimazole (Roche) is often prescribed for feline hyperthyroidism – yet Arnolds now

"The term 'generic' medicine is poorly understood and often misquoted"

Continued on page 2



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Felimazole specifically licensed for this purpose. Similarly, the corticosteroid prednisolone and the diuretic frusemide spring to mind – but in both instances licensed veterinary products are available here, too.

But if a licensed animal medicine exists then the human medicine is out of bounds.

Some vets may claim that human generics are cheaper but, apart from the fact that this isn't always the case, they are leaving themselves open to claims from unhappy owners. And pharmacists

dispensing these prescriptions need to be aware of this. In particular, tablets which have been developed for the human digestive system have a density, and often a sugar coating, not tested for safety or efficacy in dogs or cats.

There are many documented instances in which a human antibiotic designed to travel through the 26ft or so of human gut has gone through the canine intestinal tract and emerged unscathed without having made any contribution at all to the medication of the animal.

With ever-increasing regulation, the cost of bringing a veterinary medicine to market includes an investment of many thousands of pounds in research into the safety, quality and efficacy of the product – not to mention a registration fee that can top £20,000.

If companies are to continue to bring to the veterinary market innovative products which have been developed specifically for target animal species, it is essential that the veterinary and pharmacy professions – for their own safety – adhere to the legislation on

Cascade. First, by prescribing or dispensing human medicines they jeopardise research into new animal medicines as well as risking losing some of the existing niche market products because of the costs of keeping them available.

Second, the reality is that the vet who prescribes a human generic is “on their own” – using products with no approved animal indications and without the technical support of animal medicine companies.

Pharmacovigilance procedures, which are a legal requirement under European and national legislation, cannot be adhered to as there is no means of reporting an adverse reaction to a product which is not licensed for use in an animal.

And there is a very real risk that – as the general public becomes more knowledgeable about

pet care, has greater access to the internet and is increasingly litigious – a vet wrongly prescribing or pharmacist dispensing a human generic could be sued should an animal in their care die during treatment. It may not have happened yet... but who wants to be the first one in court?

There is no excuse for vets who say: “I didn't know there was a veterinary medicine.”

By law, every time an animal medicine manufacturer launches a new product, it is obliged to send the data sheet to every veterinary surgery in the UK. And when a sales representative comes to visit, he or she, too, is obliged to ensure that the vet has a copy, before talking about the product's qualities. There is no way that ignorance can be a defence.

The *NOAH Compendium of Data Sheets for Veterinary Products*, updated every year and offered at discount to pharmacists, gives them all the back up information they need.

A classic example is, perhaps, the widespread use of Intron A, a human alpha interferon to treat the corneal inflammation herpes keratitis and other chronic feline viral diseases. Until recently it was the only product of choice and was covered by the right to prescribe because no veterinary licensed product was available.

## NOAH

The National Office of Animal Health was formed on 1 January 1986 to represent the UK companies which research, develop, manufacture and market licensed animal health products. The association has 36 corporate members and 13 associate members. In 2002 NOAH's members accounted for well over 90 per cent of the £389 million UK animal health market.

But in May 2002, Virbagen Omega was licensed as a veterinary medicine to treat canine parvovirus – and with its licensing the right to prescribe Intron A lapsed. It isn't always simple, but vets and pharmacists are highly trained professionals who are required to undergo continuous professional development and who are served by a well-qualified and AMTRA-trained animal medicines sales force.

We will continue to be strident in our claim that cats and dogs have just as much right to properly researched and specifically formulated animal medicines as food-producing animals. We are pleased that, so far, the British Government has both listened to and agreed with us.

Everyone should have learned from the recent prosecution for the misuse of human grade gentamicin. Those vets were lucky: this was a ground-breaking prosecution and, despite being found guilty, they were given a conditional discharge. With an increased commitment from DEFRA to enforce the law via its team of medicines inspectors, perhaps the next vet in court will not be dealt with so lightly. ☺

*This article has been adapted from an article for veterinary surgeons which appeared originally in the publication Veterinary Review.*

## The Cascade System

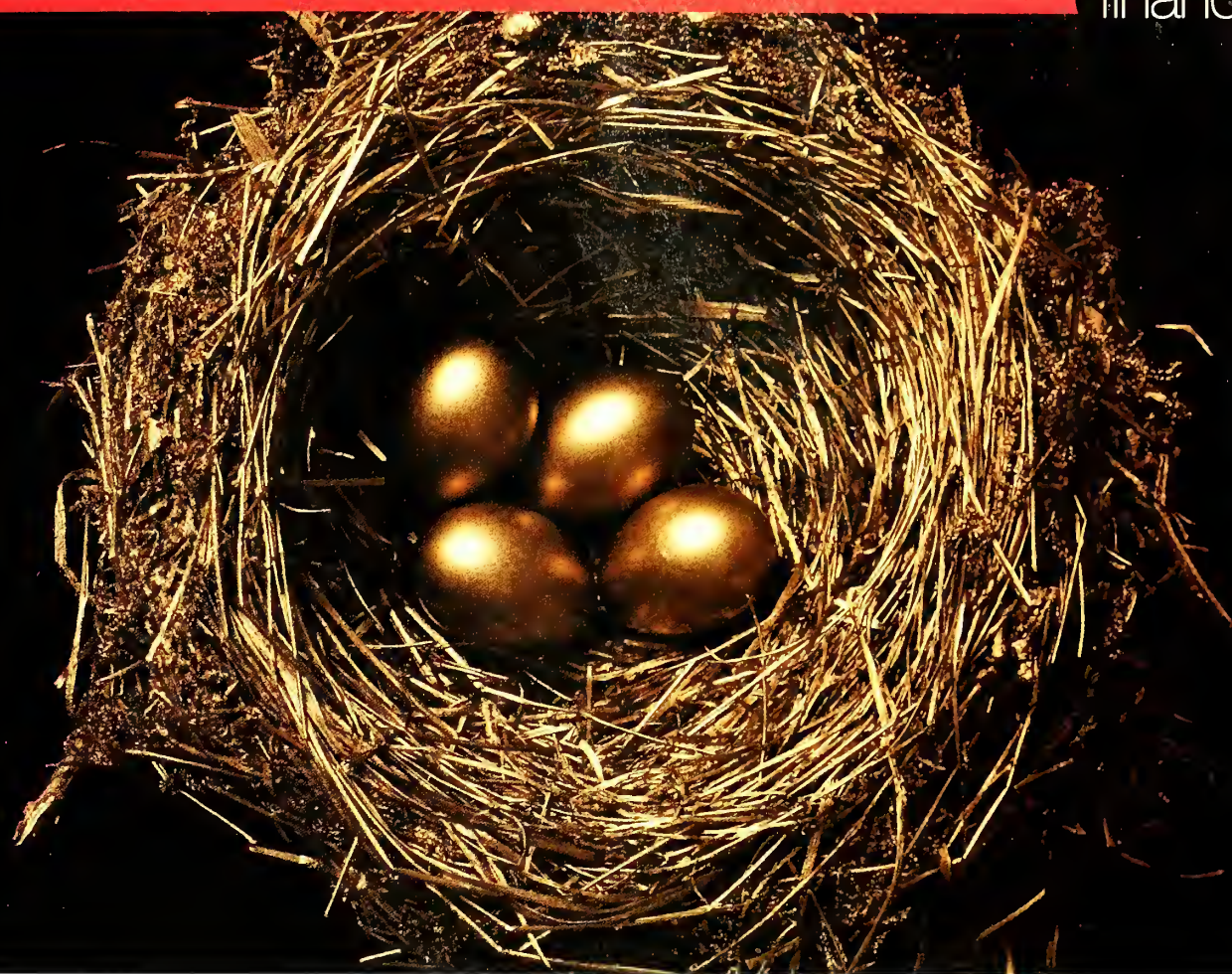
The cascade system is set out in the Medicines (Restrictions on the Administration of Veterinary Medicinal Products) Amendment Regulations 1994.

It aims to safeguard the health and welfare of animals suffering from a condition where no licensed animal medicine treatment exists, to allow a veterinary surgeon to prescribe products licensed for another species or another indication or, if none is available, a human medicine or a specially prepared product.

But, if an animal medicine licensed for the particular species exists, that should be the product prescribed, as it has been through rigorous safety, quality and efficacy evaluation to prove its safety and effectiveness in a particular formulation, for a particular species.

For food animals, no product can be given including an active ingredient with Maximum Residue Limit (MRL).





# Keeping that nest egg

In the second of a two-part series *Anne Hutchings* looks at inheritance tax issues affecting the family home and business assets

Just as a quick reminder, inheritance tax (IHT) is payable on death, based on the value of the deceased's estate at a rate of 40 per cent, after various exemptions. The main exemptions are the first £255,000, (assuming it has not been used during the individual's lifetime), transfers to the deceased's spouse and business property relief.

The family home is a major asset for most pharmacists but, unfortunately when it comes to inheritance tax (IHT), there is no exemption. The value of the property is added to the other assets in the individual's estate and charged to IHT accordingly. The family home accounts for over 40 per cent of the IHT collected by the Inland Revenue.

For example, Mr Jackson, a retired pharmacist, died leaving his home worth £450,000 and some cash and shares worth £150,000 to his son. Sadly there is another beneficiary, the taxman. The IHT would be:

Value of the estate	£600,000
Less IHT exemption	£255,000
Amount liable to IHT	£345,000
IHT charged at 40 per cent	£138,000

## Avoiding IHT on the home

During his lifetime, Mr Jackson could have moved out of the property and then given it to his son. As long as he lived for seven years after making the gift it would be tax free. It would not work for IHT purposes if Mr Jackson had continued to live in the property; the Inland Revenue would disregard the gift. This is because of the reservation of benefit rule whereby if you gift an asset but retain a beneficial interest in it the transaction is ignored for IHT purposes.

Mr Jackson could have given the property to his son and continued to live in it if he then paid his son a commercial rent. The rent payment would also help to reduce the value of Mr Jackson's estate for IHT. There is a possible downside to this, depending on the recipient's circumstances and that is the recipient would be liable for tax on the rent.

Mr Jackson may have been able to avoid IHT on the family home by creating a long lease over the property which became effective in the future, in say 10 or 20 years. The lease would have been gifted into trust with Mr Jackson and his son as beneficiaries. As it gets nearer to the time when the lease commences, the value in the freehold will have reduced. If

the timing was right at Mr Jackson's death his value in the property will have substantially diminished. This could have taken the value of his estate to under the £255,000 IHT threshold. There are a number of schemes around involving trusts. However, the Revenue does tend to challenge many of these schemes so expert up-to-the-minute advice should be taken before embarking on this type of more adventurous tax planning.

## Business exemptions

Pharmacists who own their own businesses should qualify for business property relief. Generally, if a pharmacist runs his/her business through a company, the shares in that company should be exempt from IHT. There is also a 50 per cent IHT exemption if the pharmacist owns the business premises which the pharmacy occupies.

Pharmacist Miss Casey died last November. She had operated her business through Casey Chemist Ltd for many years. The company was valued at £950,000 when she died. In addition she owned the freehold of the business premises valued at £350,000. The IHT position is:

Continued on page 30 ►



Casey Chemist Ltd – shares worth	£950,000
Business premises owned personally	£350,000
	£1,300,000
Less IHT exemptions	
100 per cent on company share value	(£950,000)
50 per cent on business property	(£175,000)
Liable to IHT	£175,000
IHT (assuming £255,000 exemption used against other assets)	£70,000

**Tip** – if Casey Ltd had owned the business premises there would have been no IHT liability. This is because Casey Ltd, which was an unquoted company owned by Miss Casey, qualified for 100 per cent exemption. This can be a reason for maximising the value of a company by including qualifying assets in it such as the trading premises. However, the IHT position should not be isolated as it is also important to consider capital gains tax issues which are beyond the scope of this article.

In addition, the pharmacists' longterm objectives must not be overlooked. Sometimes it can be more flexible for pharmacists to own the business premises personally so that after the business has been sold the premises are

retained to provide rental income in the pharmacists' retirement.

Pharmacists who trade as sole traders or partnerships can also qualify for the 100 per cent business property IHT exemption.

There are conditions which need to be met in order to qualify for the business property relief. I will briefly outline the main ones applicable to pharmacy businesses.

The business must be trading with a view to profit (this condition should be easily met). However, if substantial investments have been built up in, for example the pharmacist's trading company, this may disqualify the company from business property relief. It is not uncommon for pharmacists to build property and share portfolios using the funds in their companies to do so.

To qualify for business property relief the business asset must have been owned for a minimum of two years.

**Tip** – when a pharmacist sells the business they should review their potential IHT liability as their circumstances will have changed. They will no longer have part of their estate qualifying for business property relief so the potential IHT on their death will increase, sometimes dramatically.

Mr Patel sold his pharmacy business for £500,000. Prior to the sale the business qualified for 100 per cent business property relief. After the business was

sold Mr Patel had cash of £500,000.

If Mr Patel had died just before he sold the business, or just after he sold it, the IHT position would be:

Death before the sale	
– business worth	£500,000
Business property relief	£500,000
IHT liability	NIL
Death after the sale – cash of	£500,000
Full amount liable to IHT	
(Assume £255,000 general exemption used against the pharmacist's home and other saving)	
IHT payable at 40 per cent	£200,000

**Tip** – when making a Will, leaving business property to a spouse means that business property relief is wasted. It would be preferable from a tax planning perspective to leave business assets to the children.

The legislation is complicated and the interaction of other taxes such as capital gains should be considered so it is vital to take professional advice. ☹

Anne Hutchings is a specialist accountant and consultant for retail pharmacists. Tel: 01494 722224. [www.pharmacyexperts.com](http://www.pharmacyexperts.com)

## Q&A

Q

### Could you dispense the items written on this FP10P prescription?

ANSWER: Since April 2002, independent nurse prescribers who have undertaken the necessary training are authorised to prescribe from the Nurse Prescribers' Extended Formulary (NPEF), on FP10P forms headed 'Extended Formulary Nurse Prescriber'. These nurses may also prescribe all GSL and P medicines prescribable by GPs, except CDs.

The nurse who wrote this prescription may therefore prescribe Panoxyl Gel, as it is a P medicine, and also doxycycline for the treatment of acne. Nurse prescribers are encouraged to prescribe generically but, like dentists, may prescribe a proprietary version of a product that has a generic entry in the

Nurse Prescribers Formulary or NPEF. However, the nurse may not prescribe co-codamol tablets, even though it is a P medicine, as these contain codeine which is a CD.

A pharmacist who dispensed the co-codamol tablets would not be re-imursed for them and the PPA would inform the PCT of this unlawful prescribing and supply. For an isolated or first occurrence the PCT would probably point out the error to the nurse prescriber and the pharmacist and no further action would be taken. If the error was made repeatedly the PCT might report the matter to the Royal Pharmaceutical Society, and the local inspector would investigate the situation.

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SURNAME Smith

Mr/Mrs/Miss

Age or date of birth

ys mths

Janice

Address

73 The Lane, Anytown

Pharmacy Stamp

Pharmacist's endorsement

No. of days treatment

NB Ensure dose is stated

Prescribing Office

User Only

Panoxyl 10% Gel

Apply twice daily as directed

2 x 40g

Vibramycin 50mg caps

One daily 56

Co-codamol tablets

Two, four-hourly prn 30

Signature of Doctor

Edward James

Date

22/8/03

For Pharmacist

Number of

Prescriptions

on form

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Anytown Primary Care Trust  
Nurse Edward James  
Practice Code 1122634756  
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IMPORTANT:

Read notes overleaf before going to see the pharmacist.

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FP10P



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[www.dotpharmacy.co.uk](http://www.dotpharmacy.co.uk) – has  
 introduced a service that offers  
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 a leading solicitors' firm.

The service – dotLaw – is being run with the  
 co-operation of Charles Russell, whose specialist  
 legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to –  
[pharmlaw@cmpinformation.com](mailto:pharmlaw@cmpinformation.com) – along with their full name  
 and the name of their pharmacy. The latter two details  
 are for C&D's records only – pharmacists' identities will  
 be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which  
 will be available in two working days, will appear on  
 a new dotPharmacy page called dotLaw.

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# Strange goings on

This week  
**1903**

The pages of *Chemist & Druggist* one hundred years ago this week contained some rather diverse news stories.

What is fascinating is the conciseness of detail. What would occupy many column inches in today's sensationalist press is described in one paragraph.

Strangest of all in that week's reports is the following from the 'Colonial and Foreign News' apparently describing a very rare occurrence of ball lightning. It reads: "A CHINESE 'FIRE-BALL' - During a recent thunderstorm at Hong Kong, the manager and assistant of the Kowloon dispensary, belonging to Messrs AS Watson & Co (Limited), had rather a startling shock. Suddenly what they described as a fireball appeared in the shop, and after temporarily stunning them, disabling the electric-lighting arrangements and knocking a quantity of plaster off the walls, disappeared."

Even briefer is the tale of a chemist who presumably was made very wealthy by 1903 standards. Under 'Midlands Notes' is the following, with no further explanation: "It is solemnly stated that the US postal authorities have given £10,000 to a

chemist who has discovered the secret of restoring used stamps."

Of particular note is the report of the massive increases in value of pharmacies going on in Germany. Due to the number of chemists' shops being strictly limited in German towns, and new licences being rarely granted, "the value of these establishments is constantly growing.

At Breslau a chemist's shop has recently changed hands for £19,000 including £8,000 for the licence alone. At Danzig, a chemist's business recently realised £8,500, including £3,000 for the licence. It was sold a fortnight later for £9,600 including £5,000 for the licence."

Strangely, or not, the antagonism between pharmacy and grocery was happily in progress across the Empire even in Edwardian times. *C&D* commented on an article in *The*

*Grocer* which had set about trying to disprove "that our Australian cousins were rather behindhand in their methods and manner of trading". Following this was a long list of products and their prices. This included: bile beans at 1s 3d, carbonate of soda at 3d per lb, Elliman's Universal embrocation for 1s 6d per bottle, Scott's emulsion at 2s 4d per bottle, and Tricopherous at 1s 6d per bottle.

Not one to leave the comment out

of the editorial, the *C&D* reporter continues acerbically: "The foregoing selection, comprising more than half of the articles named in the list, shows that at least the Australian grocer has not been slow to follow the example of his British cousin in the appropriation of chemists' goods."

On a more routine sort of approach is "The Week's Poisonings" which suggests a matter-of-fact expectation of such things. Giving no clues as to whether it was a good or bad week, the article reports: "The deaths from poisons during the week have been eight, two of which were apparently misadventures. Three of the poisons used are unscheduled - ammonia (two), salt of lemon, and hydrochloric acid. Ammonia was taken in mistake by a Pontefract dressmaker and a soldier at Dover Barracks also took a dose of 'cloudy ammonia liquid'."

It continues: "Carbolic acid was taken as a means of suicide ... by a Grimsby girl, Kate Hall, who had been jilted by her sweetheart."

In the 'Scotch News' section is a report titled "Shebeening" which relates the tale of William Duffus, chemist and druggist, who was up again before the bench at Aberdeen Police Court having "trafficked in excisable liquors by selling beer and whisky to four men without having a certificate". There were eight similar charges against him. Having pleaded guilty

to two he was fined £7 for each offence with 40s expenses, "in all £16 - the alternative being one month's imprisonment".

Of course, there is nothing new under the sun, as this final selection from the August 29, 1903 of *The Chemist & Druggist* shows.

"A new form of competition in pharmacy and medicine has been unearthed by the *Newcastle Chronicle*. In a recent issue of the journal it is alleged that latterly the supplies of medicine given to our patients have been greatly curtailed causing much grumbling about the alleged parsimony of the hospital."

"It has been discovered that in the slum streets of some parts of London certain old women are in the habit of supplying their neighbours at a penny a dose with medicine for ailments either real or imaginary."

"These ancient ladies are always 'ailing' and have several friends who are permanently in the same unhappy condition. On the strength of these ailments they attend the various hospitals as outpatients and hitherto have been accustomed to take their own bottles - always of generous capacity - for the medicines prescribed them."

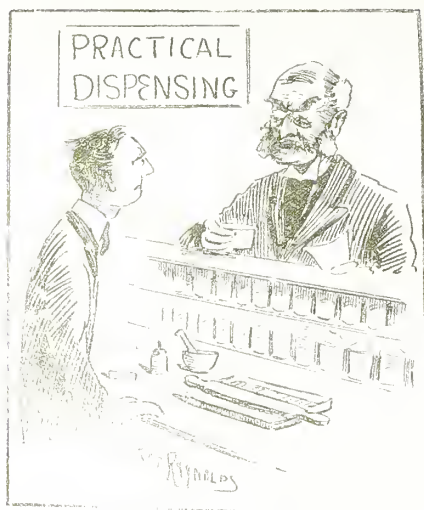
"The physic they have obtained they have retailed in the manner stated without regard to its suitability for the disorders from which the purchasers imagine themselves to be suffering."



BERGEN.

Apparently, very few English drugs were sold in Norway

## The Kaleidoscope.



Dry humour - the cartoon reads:

**Examiner:** But, pray, what has become of that extra pill I saw?

**Candidate:** Please, Sir, - I ... swallowed it



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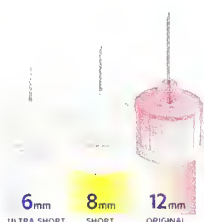
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